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WOUND TREATMENT.*

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Since what I will have to say is based upon Sir Joseph Lister's conception of asepticism, it may not be out of place here to state what I understand by asepticism, and its legitimate child, antiseptic surgery. Asepticism, as already stated, owes its existence as a means in surgery entirely and alone to Sir Joseph Lister. It comprises the idea that a wound shall not come in contact with anything, be its source whencesoever and its nature whatsoever, that may in any way interfere with the physiological repair of an injury. This comprises healing by primary union and primary adhesion, immaterial whether the *spray* and all the other paraphernalia once and now employed by Sir Joseph, come in contact with the wound or not. Antiseptic treatment of wounds includes all legitimate means—those of Sir Joseph and of every body else—which will secure to an unclean wound its pristine purity, and maintain it, until repair is complete. The excellency of the plan adopted to carry out to their fullest extent these methods of wound treatment must be sought for in the efficacy of the agent used to destroy or exclude the means of infection; in its non-irritating character, the facility with

which it can be employed, and its non-interference with the patient's health.

For the purposes of this paper the following methods of treatment are adopted from a paper by Assistant Surgeon U. S. A., Henry Raymond, A. M., M. D.:

I. *Non-antiseptic occlusion*, by which is meant a healing of the wound under the simple blood-clot, scab, or crust without the intervention of surgical aid or appliance.

II. *Primary antiseptic occlusion*, i. e., the immediate application (at the earliest possible moment) of an occlusive covering to the wound on antiseptic principles.

III. *Primary Antiseptic Drainage*.—This treatment includes the most scrupulous disinfection of a wound visibly contaminated, or specifically or septicly infected from any cause whatsoever; the removal of all irritating secretions the very moment they are formed, through some provision of drainage, to make which complete it may be necessary to resort to extensive incisions, resections, and amputations, and finally an occlusive covering equal to that employed in primary antiseptic occlusion. Intermediate drainage, after the acute stage has passed, before the establishment of suppuration, and secondary drainage, resections, and amputations after the setting in of pus formation, are operative measures, which, as Dr. Raymond aptly puts it, "awaken in one's mind the consciousness of a lost or unheeded opportunity." These are measures very seldom necessary when all the details of primary antiseptic drainage and occlusion have been most carefully executed.

Whether or not it is safe to interfere with the blood-crust in the first category of wounds coming under the notice of surgeons, must

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always be left to the judgment of the individual. The question he has to decide is not whether or not the blood-crust is a sufficient dressing, for such it has been too often to admit of controversy, but whether or not the wound underneath the crust is *aseptic*. If his answer be in the affirmative, then the crust of blood is as good an antiseptic covering as the genius of a Lister ever invented. And the wound treatment really belongs to our second division, to that of primary antiseptic occlusion, with this difference, that good luck has supplied the place of the surgeon's art. If his answer be in the negative, *i. e.*, he decides that the wound underneath the blood-crust is not clean, the superlative of which, in surgical language, is not "*cleanest*," but *aseptic*, then it is his duty to himself and his patient to remove the blood-crust and proceed to treat the wound as belonging to those which demand primary antiseptic drainage.

In forming his decision he should bear in mind that the testimony of the latest and best observers incontestably proves that the most successful treatment is the one which *interferes the least with the wound*. A great number of cases, then, both in military and railroad service, do, or ought to, belong to the first and second divisions—those treated, *i. e.*, occluded by nature or the surgeon's art, and this number must of necessity increase in the ratio of non-interference with the wound by any one except the surgeon. Railroads should instruct their employees, and military surgeons their stewards and nurses and their wounded, under no conditions to probe the wounds with anything, but to occlude the same by means presently to be mentioned; and the surgeon himself should remember that incomparably the best results are obtained if his good judgment directs him to employ primary antiseptic occlusion.

Now, if such a case presents itself, and they are often of the gravest kind—such as compound fracture of the leg, gunshot wounds into the knee-joint, and particularly deep and extensive wounds of the thigh—the surgeon should clean all those parts which are superficial, thoroughly, with a mixture of *six parts of table salt and one part of bicarbonate of soda to 1,000 parts of water at the temperature of 105–110° Fah.* This wash, the same as that recommended by Mykulicz for transfusion purposes, is the least harmful to the tissues with which it comes in contact, has superior cleansing qualities, a warmth equal to that of the wounded tissues, and is antiseptic to a certain extent; yet the intent of

the surgeon will most likely be frustrated if he does not observe the law of gravitation, *i. e.*, place his wound during the cleansing process in such a position that the fluids employed shall not gravitate into the wound, and carry with them the very elements which he seeks to exclude.

Who is the surgeon that does not remember having been guilty of this apparently trivial omission? Who, when his presumed care in applying an antiseptic dressing was followed by the most disastrous failure, did not doubt the measure itself? His was not an aseptic wound, occluded by antiseptic means; it was a wound infected to its whole extent by the very means employed to prevent such occurrence, and then, to stay the disinfecting power resident in clean water and air, the wound was sealed up—sealed up to its fate. The open treatment in such a case would have been a thousand times more preferable. The wound opening, therefore, should be in the most dependent position when the cleansing is executed, and when completed a pledget of absorbent cotton wrung out of a 1000 parts solution of iodo-hydrargyrate of sodium in water of 105–110° Fahrenheit, should be laid upon the wound for a few minutes, whilst the surgeon prepares his occlusive dressing.

The iodo-hydrargyrate of sodium solution I make as follows: Iodide of mercury, iodide of sodium, each one drachm; hot water, eight ounces. An ounce of this mixture added to a pint of hot water will make a 1000 solution. When ready for it, the pledget of cotton is removed from the wound by the surgeon, and iodoform is evenly, and to the extent of a sixteenth of an inch (more or less according to the size of the wound), covered over the moist surface; this is followed by a thick and more extended layer of oxide of zinc. The former, in spite of its disagreeable odor, still holds, and deservedly so, the first place as an antiseptic covering, because of its efficacy and permanency; the latter, an antiseptic of no mean power, is cleanly and safe, and very much cheaper than iodoform or bismuth alone, and less dangerous than either of them. The sixteenth of an inch of iodoform would be inadequate; more of it might prove dangerous to the system, the cost not being considered, which is quite an item; whilst the extra covering with the oxide of zinc obviates all these difficulties. The powders should be covered with a small cushion prepared as follows (modified plan of Dr. George R. Fowler):

Manilla tissue paper, known as toilet paper, is cut into fine strips, about a six-

teenth of an inch in width; this is soaked in 1000 solution of iodo-hydrargyrate of sodium already mentioned. After becoming thoroughly saturated in the solution, it is passed through the rubber rollers of a common clothes-wringer, previously washed with the same solution, then the paper is shaken out loosely, and rapidly dried. White mosquito netting, which has been treated likewise, is used for the covering of the paper cushion. Over the smaller a larger cushion is placed, and both are held in position by a gauze bandage. In cases of compound fractures, as well as in all wounds which need support in order to procure absolute rest to the parts, the common wire screening deservedly occupies the first rank in our armamentarium. It is pliable enough for any application, and can be stiffened by pleats, when they are needed. The paper dressing, though not as absorbent as other material, has the advantage of superior permeability, and when rightly applied the secretions dry more rapidly in it. This highly important desideratum is enhanced by the open wire support, and not counteracted, as is so frequently done by other devices.

Says Dr. George R. Fowler, in recommending his antiseptic paper dressing: "That perfect desiccation is the best safeguard against putrefaction is quite well known, and advantage is taken of it on our western prairies by hunters, who preserve buffalo meat by the process known as 'jerk-ing,' i. e., drying rapidly in the open air. In the first efforts made to imitate nature's process of healing under the scab, attempts were made to produce the same effect by hermetically sealing wounds by collodion and cotton, as well as by other adhesive substances. The method, however, was found to be far from successful, inasmuch as no provision was made for the draining away of the wound secretions. In the employment of the exsiccation method it is desirable to make use of a dressing through which the atmospheric air can readily pass, and which at the same time shall possess absorbent properties sufficient to permit of the removal of the wound secretions from the surface. It should likewise be capable of being impregnated with corrosive sublimate or iodo-hydrargyrate of sodium solution, the latter becoming, in the method of dressing under consideration, the preferable antiseptic agent. It will be at once seen that volatile substances, such as carbolic acid, soon become practically useless, unless confined to some extent to the wound and its surroundings by an impermeable covering. This

latter would defeat the object in view, namely, rapid desiccation of the discharge."

In the application of the dressing it should be remembered that the cushions reach far over the outer edge of the powder, covering the wound, since fluids, if such are formed, penetrate between the skin and powder crust, at the margins of which they should come in contact with the absorbent dressing. Advantage of this peculiar course of the secretions may be taken in the dressing of delicate textures—by covering the wound itself with the iodoform and zinc, a little beyond the margin; then place a ring-shaped thin cushion over the parts, the inner margin of which shall just overlap the powders, and over this place the larger cushion. This method prevents any pressure upon the wound, while surface drainage and antiseptic occlusion are perfect, and desiccation greatly facilitated.

The manner of execution and the means of attaining the object—antiseptic occlusion of aseptic wounds—may be perfected; but this treatment of wounds must always remain the one which will be followed by the best results, and the percentage of recoveries will increase in the ratio of the surgeon's capacity to distinguish septic from aseptic wounds. To treat the latter in this manner must of necessity be the worst of surgery, and is to be deplored when it is done as an error of judgment, and severely condemned when it is the outgrowth of carelessness or ignorance. Now in case a wound is visibly contaminated, or a strong presumption to that effect exists, then it becomes necessary to employ primary antiseptic drainage; this is the class of cases which fall more often to the lot of the railroad surgeon.

In the first place a thorough cleaning of the wound is imperatively demanded, provided no large blood-vessel needs our immediate attention. The best material for this is the fluid already described; it is suggested because it performs the ablation of the surface very thoroughly, and a large amount may be safely employed without the risk of poisoning. I have washed out the abdominal cavity with this fluid, using gallons of it for the purpose, when all bleeding has been stopped by tying the blood-vessels carefully with the *finest* of silk threads compatible with the size of the vessel, the ligature being taken from a 1-1000 solution of the sodium iodo-hydrargyrate when needed. Torsion of vessels may stop hemorrhage and it may or may not recur; but silk ligature in the condition described seldom fails of permanent work. Cut short it

may be left in the wound, and is not likely to do mischief; such is the reported action of catgut ligature, but this may disintegrate before the condition of the blood-vessel makes it safe, and if hardened in chromic acid it may last as long as the silk thread—besides these ligatures are dearer and less easily handled than thread. For very fine work horsehair, also disinfected, becomes an acceptable ligature. Should oozing continue, then the temperature of the fluid can be raised to 120–130°, and applied to the surface with pledgets of cotton or the sponge. I prefer the former. These should never be rubbed over the wound, but gently pressed against it; if this fails, the favorite fluid of Mr. Bryant, iodine tincture and water, enough of the former to give the fluid a light brown color, may be used; this is more hæmostatic, and has proven itself an excellent agent in my hands, both for cleansing purposes and the object last named. Hæmostatics which adhere to the surface of the wound, such as sol. of persulphate of iron, belong in the category of very crude agents, and should be eschewed by the surgeon who aims at nicety and success. When all hæmorrhage has stopped (and there should be no mistake about it), then the wound should be disinfected, should be made aseptic, and this can be done by filling it with the 1–4000, or if not too large, 1–1000 sol. of sodium iodohydrargyrate (the mercuric iodide only being taken in consideration in making the percentage). Certainty should exist, as near as attainable that this fluid has reached every nook of the wound. Then the wound should be gently dried, and one of three methods of suturing proceeded with. The first method is intended to be used in superficial incised wounds, and upon parts of the body where it may be possible of adjustment, and is applied according to Dr. A. B. Frazer as follows: "I take two pieces of strong adhesive plaster, as long as the cut to be drawn together, and as wide as circumstances will allow, and after folding back the edges (one-fourth inch) that are to be next the cut, I fasten ordinary dress-hooks, which are sold at the dry goods store, along the folded edges at regular intervals. Then after drying the skin, I apply the plasters on each side of the wound, a little distance from the edges, with the hooks opposite one another, and with a strong thread lace up the wound like a glove." The advantages of this method of wound suture over the ordinary kind are the following:

1. Threads can be loosened or tightened to allow for swelling.

2. The wound is accessible, and can be cleaned if this is ever necessary.

3. If sutures have to be added, the strain will be greatly lessened.

4. The plaster will hold much longer than sutures.

The second method of suturing is the one employed in perineal ruptures where the deep sutures pass under and around the wounded surfaces, and the superficial ones are used to close the integuments. This latter procedure should always be done with great care, as the fate of wound may depend upon the careful coaptation of the edges of the same. The third method and the one of general application called by its author, Mr. C. B. Keetley, "buried sutures," consists of the union of the several divided parts, each one for itself, i. e., nerve end to nerve end, and muscle to muscle tissue. Whatever tissues may have been divided should be restored to their original relationships, and kept there by aseptic animal sutures; then the wound in the deep fascia must be separately sewed up, and finally the wound in the skin must be closed with catgut, or silver, or whatever is preferred. The results to be expected from this method of procedure are these:

1. There is no need of drainage tubes.

2. The sutured muscles and aponeuroses are eventually restored as regards function.

3. Deep, rough, and depressed cicatrices are avoided.

4. Necrosis of the bone and sloughing of soft tissue are prevented.

It should be remembered that sutures are employed for the most perfect coaptation of every part which has been severed by the infliction of the wound; and that such contiguity is never possible if shreds of tissue, which are likely not to retain their vitality, remain adherent upon the surfaces to be approximated. They should be removed as foreign bodies of the very worst character. A want of judgment as to the amount of tissue to be removed is grievous when too much is cut away, but decidedly disastrous when the error is in the opposite direction.

The wound, as already stated, when buried sutures are employed, is likely not to need drainage at all; but if very deep and very extensive, drainage may become necessary, and this will become urgent when the surfaces do not admit of approximation and cavities result in consequence. From John Hennen's woolen thread to Chassaignac's rubber tubes, Neuber's bone tubes, and MacEwen's horse-hair and chicken tibæ and femora, the same principle was aimed at—the removal of fluids from the wounds—

though the earlier surgeons used them for removal of fluids pent up, particularly pus; modern surgeons, for the purpose of removing them as soon as they are formed, and for the prevention of suppuration. These tubes should be as short and as small in calibre as the demand upon them may justify, and they should not be left in the wound any longer than is necessary. Two or three days will generally suffice for this retention. Two short tubes are better than one long one and a bent tube is bad furniture. Drainage by tubes should always be facilitated by gravitation, and this is made possible very often by the direction the wound is made to take in an operation, and by the position of the patient. In fact, gravitation, assisted by position and pressure, is often the only means needed for drainage.

"It is not merely the wound itself that is benefited by preventing the accumulation of discharges, their permeation into healthy tissues, decomposition, and consequent irritation, but the nutrition of the whole limb is benefited, stasis prevented, and pathological change, once initiated, often arrested." The dry dressing of wounds is only the legitimate continuation of perfect drainage; "as a rule, the drier wounds are kept, the more quickly do they heal, and proportionately less is the suppuration. Moistening and putrefaction, drying and preservation, go together; the antiseptic power of dryness is proverbial."—Sampson Gamgee.

A dressing, therefore, which combines quick and ready absorption of fluids with rapid drying of them in its interstices; a dressing which will permit air to permeate it readily, filtering it to certain purity before it reaches the surface of the wound, a dressing which is light, non-irritating, and cheap, is the dressing *par excellence*; and such is the one already described—the paper dressing of Dr. Fowler, as modified by myself in its preparation and ultimate fixture by the wire screen.

This then, gentlemen, comprises my treatment of wounds by primary antiseptic drainage. It also comprises all there is of antiseptic practice; at least it satisfies the demands of my cases fully. In conclusion, permit me to add a few words in regard to Listerism or asepticism.

While antisepticism assumes the existence of septic matter in the wound, carried there by the injury itself, or by meddlesome and careless interference of patient, friends or surgeons, asepticism assumes the omnipresence of septic material, and seeks by its practices to exclude it from wounds. Both

practices imperceptibly merge one into the other; from antiseptic drainage by the way of antiseptic occlusion, and aseptic occlusion to aseptic drainage. The first removes septic matter, the latter prevents its habitation. Aseptic occlusion is nature's most happy method, antiseptic occlusion endeavors to imitate the latter, and often very successfully; whilst the culmination of the surgeon's art of wound treatment is reached by aseptic drainage. My idea of asepticism or Listerism is perhaps, best illustrated by a description of the method adopted in my last two ovariectomies, March 16th and April 23, 1886, respectively.

My operating room, after the stove has been filled with fuel ready for lighting, is thoroughly washed (ceiling, walls, floor, doors, windows, stove, operating-table, chairs and bedstead), with carbolic acid, glycerine and water, on the evening before the operation. An hour before the operation the fire is kindled in the stove, and the temperature is raised from 115 to 120 degrees. When the temperature has fallen to 100 or 95 degrees, the hot vapor, which had been formed, will be precipitated, and anything which could have existed in the atmosphere of the room is thereby removed, making thus the very air aseptic, as near as this can be done. Now the hot and cold water are brought in, the latter having been boiled the evening before, and kept covered until ready for use. To a given quantity of this water, at a temperature ranging between 105 to 110 degrees Fah., is added a hot and filtered solution of chloride and bicarbonate of sodium in a previously ascertained quantity; so that the fluid presented to the person who alone handles the basins is of the composition already given, viz., 6 parts of the chloride and 1 part of the bicarbonate to a thousand of the water. The instruments are kept in a $\frac{1}{4}$ per cent. solution of carbolic acid in porcelain trays; the sutures and ligatures in the iodo-hydrargyrate of sodium solution in another tray, except the needles, which are dipped into the mixture when needed for use. The hands of those concerned in the work, directly or indirectly connected with the wound in the abdomen, are washed with nail-brush, soap and water, and finally in carbolic acid solution. Hands which handle the wound, and particularly the contents of the abdomen, are bathed each time this is done, in the mercurial solution. The beard and hair are moistened with bay rum containing the mercurial solution, and the hand spray moistens the clothing with the same mixture. (In my next operation

I intend to have disinfected linen dusters worn.) The coat is prohibited in the operating room, and the arms of the operator and assistant are bared to the elbow. The patients' abdomen is washed with the mercurial solution, and the abdomen opened in the usual way.

When the tumor is ready for removal I adjust Thomas' clamp, then cut away the tumor, and after I have cleaned the severed surface carefully, I tie, below the clamp, with braided silk, of course strictly aseptic; then I remove the clamp and the stump is trimmed off smoothly to the distal end of the compression made by the clamp, the surface is made aseptic, and after I am fully satisfied that no oozing will take place from it, the silk is cut short and the pedicle returned into the abdomen. If no fluids have entered the abdomen, and no adhesions complicate the operation, an aseptic quilt of cotton, covered with musquito netting, is placed beneath the abdominal wound, which is not made in the linea alba, but through the rectus muscle on the left of it, to prevent abdominal hernia; the line of incision being from the linea alba at its lower edge to an inch to the left of the umbilicus. The sutures, silk also, are deep and superficial ones. They are of the second variety already mentioned, the deepest part of the curve of the deep ones just includes the edges of the peritoneum, the superficial ones the skin only.

When the oozing from the sutures has ceased, hastened by the application of the mercuric solution somewhat hotter than used hitherto, and the quilt removed, the sutures are tied and the wound is dressed, as already described for antiseptic occlusion. If the fluids have entered the abdomen, or oozing takes place from adhesions, then, after the pedicle has been returned into the abdomen, the salt water is turned into this cavity from a fountain by way of a soft rubber tube, fountain and tube surgically clean, of course; the patient being placed on her side, sufficient fluid is used to return it from the abdomen colorless, when the washing is completed with the ~~very~~ mercuric solution. Care is taken that the cavity is well drained, and it is now closed in the same manner already given. The former method was employed in my case of March 16, the second in my last of April 23. The first left my house on the twentieth day after the operation, the second on the twenty-second day, both perfectly recovered. In these operations I was assisted by Drs. Havemeier, Haldeman, Norris, and Huff. One of the operations was performed with the exclusive help of physicians who

were my individual students once; please excuse the just pride, but it was the happiest moment in my career as a surgeon. The patient is always left in the operating room, until all dangers from infection and disturbance are passed.

Such is Listerism, as practiced by myself. You miss the spray, the several dressings, and the rubber covering; they are useless generally, and some of them, as the spray, injurious, particularly in abdominal surgery.

In conclusion, I will say that pain should not be a part of the clinical history of a case, *for pain may kill*, and, with Dr. Simon Baruch, I must say: "It is a singular fact that the chief advantage of antiseptic dressings has so often been lost sight of in discussions of this subject. To my mind, at least, it appears very probable that in the fact that by means of the antiseptic treatment of the wound and by the subsequent antiseptic absorbent dressings we are enabled to place the wound at complete rest until healing is accomplished—in this fact lies the secret of much of the success of modern surgery. Without rest repair certainly cannot proceed satisfactorily. How was it possible to give the most important element free play when the wounds were daily manipulated by undressing, sponging, syringing, and bandaging?" Whatever else Listerism may have accomplished, the greatest boon, *rest*, it has conferred upon the wounded. And shall the saving of time, trouble, and anxiety to the surgeon count for nothing?

MALARIAL HÆMATURIA.

BY CHARLES C. THORNTON, M. D.,

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I regard this disease as a congestion. We have congestion of the brain, of the stomach, of the bowels, of the lungs, and why not of the kidneys?

Almost all the cases that I have seen have either had intermittent fever for some time, and are taken with a severe chill, or are taken from the commencement with a severe chill, and in almost every case, before hemorrhage from the kidneys supervenes, the urine is charged with bile. This is apparent when the urine is made to flow in a thin surface over the bottom of a clean white chamber, porcelain or iron-stone vase. The greenish cast, apparent to the observer, shows a redundancy of bile. Besides this physical change in the condition of the urine, the skin takes on the yellow cast so common in such cases, which only disappears when

the bowels act freely; and black, tarry bile passes freely from them, and the skin begins then to clear up, and a return to health is generally the result.

It is this acrid bile passing through the ureters and body of the kidney, the result of a congestion of the liver, or interference with the portal circulation, and the effort of nature to pass this effete matter through the urinary tract, that causes the congestion and hemorrhage from the kidney.

Twenty-six years here in a miasmatic region (the heart of the Yazoo Valley), convinces me that my theory has at least the shadow of truth or right, and then when we put the crucial test upon it, the result of my treatment, I think it is proof positive, without entering into any of the details of the symptoms. It is generally those that have had intermittent fevers for some time and neglected these, that have or are most liable to have malarial hæmaturia, and among the first symptoms are the incessant vomiting of bilious matter and the sudden discoloration of the skin, frequently in six hours after the onset of the attack, and the intense yellow, muddy appearance of the eyes, while the urine is loaded with bile, and hemorrhage soon appears, sometimes almost entirely blood, and in large quantity. As soon as I can get the bowels discharging freely *black* bile, I feel I have reached the point to hope for a favorable termination.

Now to the main point, the treatment. With a view to get up such an action on the liver and bowels to divert the bile from this unnatural to its proper channel, I give 5 to 10 grains of calomel with 1 grain each of pulverized camphor and ipecac. every 3 to 4 hours; I give lime water and fresh milk freely, or lime water alone, to correct or check the constant sick stomach; and when I can get the stomach sufficiently quiet, I give chlorate of potash and *fld. ext. ergot* freely; that is, to a goblet of water I add a tablespoonful chlorate potash, and a tablespoonful *fld. ext. ergot*, of this I give generally a tablespoonful every 2 hours; I give quinine in 3 to 5 gr. doses every 2 hours generally throughout the disease. You ask how can I give it, when the stomach is constantly irritable and there is vomiting; if I can not get it to stick by the mouth, I use No. 1 rectal capsules, or even the ordinary No. 1 gelatine capsule by the rectum. I generally give 3 or 4 of the calomel powders, and wait 12 to 24 hours, and again resort to it if necessary. There is generally little or no absorption by the stomach, and that is why so much quinine and other medicines are taken, and so little

effect. The bowels at first are usually obstinately constipated; if this is not corrected generally at once, suppression of urine is apt to ensue, and death as a consequence.

Is my treatment rational, empirical, or otherwise? I have the satisfaction of knowing as yet, after twenty-six years experience, I have lost no patients of this disease. My friends may say, Oh, he has never seen the disease, or not in such forms as we see it. Yes, I have seen it in all its phases. When there is a tendency to suppression of urine, I add bicarb. potash to my chlorate and *ergot* solution. Last year I had three cases in one house on my own place; they passed chambers almost full of blood, and six times during the day, and sometimes oftener; but to use a common term, as soon as the block is "knocked out," they are generally all right. The three cases above are now living monuments of the above practice.

I give these cases my undivided attention. I never want but one of such cases at a time.

Again to the first point, or probable cause. The first case last year was a little girl, taken with chills, had them some times every day, or every other day, when hæmaturia set in. She had two well marked exacerbations, as I term them, sinking spells, each day; generally at 12 o'clock in the day, and 12 o'clock at night, she would get cold, and the heart flag; then I would resort to brandy and milk, keeping up quinine by rectum every two hours; her temperature in axilla 102° to 105° , with quinine, would reduce to 98° each day; but at each paroxysmal time would again rise to 105° , and without quinine, would continue 103° to 105° . After bowels acting freely, black tarry actions, and water perfectly clear, the regular intermittent paroxysms would set in, and controlled by quinine, returned each seventh day for several weeks, and had to continue quinine three times a day all the summer and fall. Another, her brother, had chills; was exposed to a cold rain, had a terrible chill, and hæmaturia set in; same treatment, same success, and same results, and same tendency when well. His father, exposed to same cold rain, and worry, nursing, and anxiety about his boy, had a hard chill, and the consequences alike, I paid little attention to the bowels, even when running off almost incessantly, while these black tarry actions were passing, as the skin cleared after each action. I never use *opiates*, and warn my friends not to tamper with them. A fatal coma, and often suppression of urine, are too frequently the result of the useless administration of a single dose of opium, as I have seen, under

the impression that it would relieve some of the distressing symptoms. Calomel and quinine are my sheet anchors in this disease, while ergot and chlorate of potash assist to keep up the action of the liver, and lessen the irritation of the stomach, and control measurably the hemorrhage; but I find, as the bile is diverted to its natural channel, the hemorrhage slackens and disappears. I give quinine as an anti-ferment, for its anti-zymotic influence, and to keep the temperature within bounds. I trust only to the clinical thermometer, and register temperature every two or three hours, and watch the rise and fall, and combat these as other symptoms, the fall with brandy and milk, the rise with quinine. I give quinine all the time in fact, and the ergot and chlorate of potash whenever it will stick, and calomel as above, or alone, every three, four, or six hours, as required.

I watch my patients, and never allow any solid food until they are out of danger. I rely on a milk diet mostly—it with lime-water is retained best—chicken and beef extracts or essences I also use in moderation, but rely mostly on milk and gum arabic, with ice to allay the terrible irritability of the stomach and incessant vomiting.

THE EARLY DIAGNOSIS OF UTERINE CANCER.*

BY C. D. PALMER, M. D.,

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The author said cancer is three times more frequent in the uterus than any other organ of the body. It is occurring with increasing frequency. This increase is largely apparent, the result very naturally of improved methods in diagnosis and more frequent examinations.

The benign affections which may be confounded with cancer are chronic inflammation, eversion, granular and cystic degenerations, and ectropion.

Nothing can be easier than the diagnosis of most of the benign diseases of the cervix uteri. Nothing can be plainer than the determination of the presence of advanced cancer of this part of the uterus, by far the most common site. As it is of vital importance that we recognize a malignant disease early if we would do any radical or permanent good, and as mistakes are most generally made in the earlier stages of the disease, let us manfully consider this subject.

For practical purposes we divide the subject into two parts:

1. The form of cancer simulating or confounded with parenchymatous or fibrous benign disease of the cervix.

2. The form of cancer mistaken for simulating or simulated by endometrial benign disease.

Probably the origin of cancer begins in a degeneration of the connective tissue cells, either under the mucous membrane on the vaginal face of the cervix, or up within the cervical canal, while the epithelial growths or ulcerations first invade the superficial epithelium. A carcinomatous infiltration arising within the connective tissue cells of the cervix at once heightens the vascularity of the part, which looks reddish or bluish in color. It produces nodulations more or less hard and diminishes the mobility of the subjacent mucous membrane. Should these changes start in a cervix previously healthy, or so little diseased as to excite no special attention, they progress so insidiously, it may be slowly, that in all probability the patient will not call on her physician until the second or ulcerative state has advanced. Or, should they commence in a cervix already diseased by chronic inflammation, one that is being inspected for treatment from time to time, they may even advance to a considerable degree before any special suspicion is excited. The general health may be good or bad. The author thought that in most instances a diagnosis could now be made. The one thing needful is that a suspicion of malignancy be aroused. The symptom of Spiegelberg is not as reliable as was at first supposed. Much can be learned by watching the development of treatment. It may be observed that while all the local conditions, leucorrhœa, erosion, induration, etc., do improve under a well directed local treatment, provided they are the offspring of an inflammation, yet if malignant they do not improve at all, and if so but slightly, never permanently. They manifest a special obstinacy to treatment; in fact, they progressively get worse. In women of advanced years such development should excite the gravest suspicions. If any doubts now remain, resort should be made to the microscope. I doubt if the microscopist can give us a reliable opinion without any other clinical evidences at hand; but with them the microscope becomes strongly corroborative and confirmatory. Fungoid degenerations may remain for a long time innocent formations, yet on the other hand they may quickly develop into malignancy. This

*Read before the Cincinnati Academy of Medicine, June 14, 1886. Abstract.

transformation may be exceedingly slow, consuming years. This is important to remember, so that we may not be thrown off our guard. Unquestionably malignant epitheliomatous degeneration is more likely to ensue in cases of cervical laceration in which the torn surfaces never cicatrize. Cicatrization, however, is not a barrier. The author recommended the use of the microscope and all other means of diagnosis, and thought the topical applications of glycerites of tannin, alum, and boracic acid to be of especial benefit in diagnosis.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

(Continued from page 79.)

Dr. Harris heard of this case a week after its commencement, and believed from what he knew of it at that time that it would be advisable to perform the laparotomy; but subsequent developments indicated that the hemorrhage was extra-peritoneal and gradual, and there was, therefore, no immediate danger to be overcome. When, however, he saw the patient, October 28, he was satisfied that her constitutional symptoms required that an exploration of the abdominal cavity should be made, the blood cyst defined, and then that the blood should be evacuated above left groin. This opinion being sustained in the consultation, the operation was performed accordingly.

Dr. Price inquired if any examination of the condition of the gall bladder and duct had been made at the time of operation. Was the jaundice due to mechanical obstruction or to the general condition?

Dr. Baer at first thought an error had been committed in not operating at first when the diagnosis was made and the tube ruptured; but the full history puts the matter in a different light, and would cause great hesitancy about rushing in on a similar case.

Dr. O'Hara had made his diagnosis at the time of the accident. Operation could not have been performed then on account of the collapse, and after that passed away it did not seem called for until the time of its performance. One question has risen in his mind, from the subsequent history of the case. Would it not have been better if the wound had been packed from the time of the operation?

Sanger's Cesarean Operation.

Dr. Robert P. Harris said: I desire

through this Society to give publicity to the following statement, received a few days ago in a letter from Dr. Sanger, of Leipzig, by which it will be seen that his method now stands unrivaled in the world, in its ability to save human life. Locally considered, the Porro operation as performed in the Santa Caterina Hospital of Milan, Italy, has until recently far exceeded in its proportionate success all other Cesarean methods in any hospital or country; but this, the best of all Porro successes, has now to be rated second, as compared with its younger German rival. Laparo-elytrotomy, a year ago, stood upon the same level with the Sanger operation in its rate of success; but now the latter far outstrips it in the number of times it has been performed and in its proportion of cures. According to Dr. Sanger's letter, his operation, with its modifications and simplifications, has been performed 25 times, saving 18 women, or 72 per cent., and resulting in 22 children being delivered alive, or 88 per cent. In these are included three fatal American cases, which if not in an absolutely hopeless state before the operation, gave a very minimum hope of success. The European 22 operations saved 18 women or 81½ per cent. In the Maternity Hospital of Leipzig, Dr. Sanger has operated 4 times, Dr. Obermann once, and Dr. Donal once, saving all of the women and children; in but one woman was there any special trouble after the operation. Dr. Leopold, of the Dresden Maternity Hospital, has operated 9 times, and Dr. Korn once; the former lost one woman; all of the children were saved. Thus we have 15 women and 16 children saved under 16 operations, a mortality for the former of only 6½ per cent. Of the four deaths in Europe two resulted from septic poisoning, which existed at the time of the operation, and in the other two subjects it followed it.

Dr. Sanger has such confidence in his method from the success that has attended it in Germany that he believes the time has come when it should be preferred to craniotomy, because of its moderate fatality, and its saving the child. We should be glad if all of the Cesarean operations of the United States should be performed after Sanger's method as simplified by Garrigues and Leopold, but we must not accept very happy results here until our accoucheurs become alive to the fact that delay in operating will make any method fatal in a large proportion of cases. In no country are the capabilities of the old Cesarean operation greater than in the United States, and in few has

this form of delivery been of late more uniformly fatal. To find 18 recoveries under it, we must search backward to January, 1863, and through a record of time covering more than 23 years, in which period 73 operations have been performed, proving fatal in about 75 per cent. This occurred notwithstanding an established fact that a set of early operations will save 75 per cent. of the women and still higher of the children in the United States.

Tait on Faradization.

Dr. R. P. Harris, also presented the following letter from Mr. Lawson Tait, of Birmingham, dated April 16, 1886; "I have very strong objections to the proposal to treat cases of extra-uterine pregnancy by faradization. In the first place the diagnosis of these cases must always be hap-hazard; that is to say, a correct diagnosis will not be made probably more than once in three times; the result will be that all such cases will be dealt with mischievously only, and I venture to predict that this treatment will be dropped, as all such treatments are, without explanation of the case, in a very short time. My greatest objection is that, supposing the fetus has passed through the stage of tubal rupture and remained alive, what right have you to murder that child? If it goes on to the full time it may be delivered alive, and the woman will have a chance of recovery from the operation far greater than with the faradization treatment of destroying the child. The cases, according to my experience, which recover from the operation, are about six out of seven."

"Every one who has had much experience with pelvic tumors must have seen a certain number of cases where the fetus has died between the fourth and sixth month, and where, after a prolonged course of suppuration, it comes out through the rectum, bladder, etc.; there are, of course, the cases where the tubal rupture has taken place into the broad ligament on the left side. I have seen one right-sided case going into the bladder; it, of course, killed the patient."

"In the whole course of my life I have only known of one case where the woman has carried an extra-uterine pregnancy for a number of years after the death of the fetus. We knew with perfect certainty all about this case, and for about eighteen years she has carried on the left side a condensed ovum of extra-uterine pregnancy. I doubt very much if there could be found in the whole world three other such cases; whereas the number of cases who die, or who have pro-

longed illness after the suppuration and discharge of the fetus is, even in my own experience, very great."

In closing his letter, Mr. Tait writes: "I wish you would make this opinion of mine known on your side."

In reply, I will state:

1. We do not, in this country, practice electrolysis in cases of extra-uterine pregnancy. No puncturing needles are used, and the electro-magnetic current will not endanger the life of the patient any more if the growth to be acted upon is a tumor than if it be, as presumed, an ectopic foetal cyst. The experience of seventeen years in the United States, in which no fatal result is believed to have taken place, has only tended to establish this feticidal method as a valuable means of saving women when in great danger of death from rupture of the foetal cyst and internal hemorrhage.

2. We do not propose to act upon the fetus after it has escaped into the abdominal cavity, unless the fetus should be very small, and be easily accessible to the pole of the battery placed in the vagina. We cannot see that it is any more a murder to destroy a two or three months' fetus after it has escaped from a Fallopian tube by rupture than while it is still in it. The chief objection lies in the fact that such an ectopic fetus will be much more likely to give trouble after its destruction than one that is securely enclosed in a sac from which the amniotic fluid shall have been absorbed. It is true that an abdominal fetus may be delivered alive at term, if permitted to live; but it is not correct to estimate the risk of such an operation as lower than faradization properly performed, for it is far higher. Primary laparotomy, as far as we know of the operations, has been fatal in fifteen out of nineteen cases.

It is not proposed in this country to operate by faradization upon fetuses of from four to six months. Dr. T. G. Thomas has, it is true, proposed to make the limit four and a half months, but the general impression is that feticide is much safer, immediately and remotely, if done in the second and third months, when foetal ossification is very incomplete. The entrance of foetal debris into the bladder is not necessarily fatal, as in the case related by Mr. Tait, for Parry refers to nine cases, four of which recovered.

Mr. Tait appears not to be aware of the fact that cases of prolonged ectopic gestation have been comparatively numerous, as witness the following partial record:

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91. who died in 1767, and in whose body a fetus was found that she had carried 55 years (Campbell on Extra-uterine Pregnancy, 1840, page 45).

2. Brandt records one of a woman of 80, who died in 1858, after carrying a fetus for 56 years, and bore two children while it was still in her abdomen (Ranking's Abstract, 1863, vol. i., page 216).

3. Parkhurst reports one of a woman of 77, who carried a fetus 52 years (British and Foreign Med. Chi. Rev., 1856, vol. i., page 271).

4. Chiari gives a case of a patient who died of pneumonia when 82, who carried an 8 months' fetus for 50 years (*Lancet*, Lond., 1876, vol. ii., page 141).

5. Conant's case was a woman of 63, who died in June, 1863, after carrying a fetus 35 years (*New York Med. Jour.*, May, 1865).

6. Majon found in a woman of 78 a calcareous fetus, computed at three months (Cruveilhier, *Essai sur l'Anatomie Pathologique*, Paris, 1816, tome ii., page 130).

7. Mangin Vernier found two fetuses in the body of a woman of 74, which she had carried 33 years (*Jour. de Medecine*, 1786; *Gaz. Med.*, July 29, 1837).

8. Morand also found a 3 months' fetus in a woman of 78; she had carried it 30 years (Mem. de l'Acad. Roy. des Sciences, 1748).

9. Christian Grön found a 3 months' fetus in a woman of 49, which had been carried 18 years (*Norsk Magazin for Lægevidensk*, band xvii., haft 2).

10. Johannes Ambosi (1552) reported a case of a woman of Sens, who carried a fetus 28 years (see *Astruc. Traite des Mal. des Femmes*, Paris, 1765, tome iv., p. 78).

11. Campbell reports the case of a woman of 75, in whom was found a fetus that had been carried 30 years; a fetus of about two months was also found (C. on Extra-uterine Gestation, Edin., 1840, p. 55).

12. Pepper relates the case of a patient of 53, married 27 years, in whose body Dr. Loder found two fetuses, one carried 23 years (Trans. Pathol. Soc., Phila., 1876, p. 102).

13. Francis Boyle removed an 8 pound fetus after the death of a woman of Toulouse, that she had carried 26 years (Philos. Trans. Abrid., London, 1794, vol. iii., p. 222).

14. Cruveilhier, in his *Anatomie Pathologique*, gives a plate representing a calcified fetus which had been carried many years.

15. Celinger reports a case of a woman who carried a six and a half months' fetus

about fifteen years (*Prog. Med.*, Paris, 1884, vol. xii., p. 196).

16. Johnson's case, aged 68, carried a fetus fourteen years, after which she discharged foetal remains at intervals during thirty years (*Med. Times*, London, 1872, vol. i., p. 655).

17. Leinzell, in 1720, removed from the body of a woman of ninety-four, a fetus that she had carried for forty-six years.

18. Watkins examined a woman of seventy-four who died of kidney disease, January 13, 1864, and removed a fetus which she had carried for forty-three years (*Brit. Med. Jour.*, March 3, 1866).

19. Van Swieten also records the case of a woman of Lyons who died at sixty-eight and had carried a fetus for twenty-seven years (*opus cit.*).

20. Fabri, of Ravenna, found in a woman of fifty-five a fetus she had carried for some years. The pregnancy was her fifth, and she bore two children at later periods (*Brit. Med. Jour.*, March 7, 1863).

Many more cases of the same character might be added to this list, some of which would go to show that an extra-uterine fetus may prove fatal by purulent disintegration and pointing after twenty years or more. Even an ectopic fetus of three months may cause perforation of the rectum and possibly a fatal issue, although this is a rare result; it will be noticed that in three of the twenty-one cases the fetus was computed at three months, and in another, a second fetus was of two months.

Dr. O'Hara exhibited a

Fibro-Cystic Tumor of the Uterus

removed after death from a patient aged fifty-three years, who had carried it for over twenty years. Three years after it was first observed she applied to Dr. Atlee for relief by operation; but he declined, and recommended that it should be let alone. The tumor contained numerous small cysts and measured thirty-nine and one-half by thirty-four inches in circumferences, and weighed thirty pounds. The peritoneum was one-fourth inch in thickness and was of a yellowish-white color.

Dr. Parish remarked that the tumor had formed no adhesions with the exception of a few slight ones to the omentum, and the removal of the ovaries and tubes would have been feasible at any time. Both tubes were dilated and in a condition of hydro-salpinx. The tumor sprung from the fundus uteri, the cavity measuring only four inches. The tubes and ovaries had remained at their nor-

mal position in relation to the uterus, but had been elevated out of the true pelvis. The vagina had been stretched upwards, as also had been the uterine body and neck. The uterus below the fundus had diminished in size to about that of the index finger. The bladder, by reason of the traction upward, had lost its attachments to the uterus and merely retained posteriorly its attachment to the vagina. Ordinarily the extent of the attachment of the bladder to the uterus becomes greatly increased in large uterine fibroids. In the specimen submitted, supra-vaginal amputation of the uterus with the tumor could have been effected without separation of the bladder from any of its attachments. It is interesting to observe the condition of bilateral hydro-salpinx some six years after the menopause. The patient died with acute symptoms of vomiting and purging of dark fluids, containing probably blood extravasated through the intestinal walls. At the autopsy, no indications of perforation of the intestine were apparent. The patient was able to engage in active work until a few days prior to death, and hence the double hydro-salpinx could not have occasioned pronounced symptoms.

On the Statistics of 3036 Cases of Labor,
by Hiram Corson, M. D.

Dr. Wm. Goodell read the paper, which will be published in full in the *New York Medical Journal*.

In the Transactions of the Medical Society of the State of Pennsylvania for 1863 may be found an article headed "Midwifery in the Country," in which are drawn statistics from 2387 consecutive cases of labor, to which are now added 649 cases, making in all 3036 cases, with 3087 children. Head presentations (vertex), 3012; breech, including knees and feet, 58; shoulder and arm, 5; face, 12. Twins in 51 cases. Ergot was used in 139 cases in first series. Forceps were used 28 times in the first 2387 cases, and 31 times in the last 649 cases. Version was performed twice in the last series. One primipara was 52 years of age. Puerperal convulsions in eight cases, all recovered. There was a total of 190 cases, in which the children were born before the doctor arrived, and in which the mothers did well under nature's management, and were saved the fright and suffering which, if Credé had been present, would have resulted from his fears of hemorrhage, his rush of one hand into the vagina the moment after the child was born, and the grasping, squeezing, and forcing down of the womb by the other hand on the tender, sore abdomen, to say

nothing of having that heavy hand pressing on a tight bandage for two hours more, in accordance with regulation orders.

In the practice of this art I have not followed the requirements of the times. I have considered labor a natural process, and that my duty consisted in awaiting the action of the patient's forces; not setting them aside and myself usurping the duties which the natural efforts would have achieved without difficulty, but coming to my patient's aid only when her forces seemed inadequate to the performance of their duties.

I have learned that the forceps are used very often, many, many times oftener in proportion to number of cases than twenty years ago, and that this is done in the early part of the labor, not because nature is inadequate to the work, but because as the physician had never hurt *himself* by using the instrument, and wished to get away speedily, as he had other patients who needed attention; and though the condition of the lying-in woman would well have permitted him to visit his other patients and return in time to aid her if she needed aid, still he would not do it, through fear that the child might be born in his absence; or some other doctor be called in his place. The graduate of a month can now use the forceps and all the other swift-sure means of speedy delivery without hurting his hands or spraining his back. Of course the sufferings and fate of the woman were of secondary importance. Being anxious to learn all about the advances in midwifery, I attended the meeting of the American Gynecological Association in Philadelphia, a few years ago. There I heard from the mouth of more than one eminent gynecologist—men greater than midwives: "Every year I use the forceps more frequently than before." There too I was amazed to learn from the experience of these speakers, how numerous were the cases of lacerations of the cervix and perineum; so numerous, indeed, that when coupled with the fact that the advocates of frequent use of the forceps were teachers of midwifery, and also eminent surgeons skillful to "repair" these lacerations, and that these repairs brought large remuneration to the surgeons, I was dazed—I knew not what to say. I could not believe it possible that the earnest gentlemen before me could have conspired to teach this rushing plan of delivery in order that lacerations should be produced, so that the business of repairing should be brisk and profitable. It was pleasant, a few months later, to hear that the eminent gynecologist, Dr. Goodell, attributed the

great increase of lacerations to the use of the forceps, and earnestly denounced their indiscriminate employment.

In October, 1880, the *Boston Medical and Surgical Journal* contained an article by J. W. Elliott, M. D., on "Antiseptics in Gynecology," with full directions for their use in obstetrics, to prevent puerperal fever by destroying poison-germs which might be introduced by the doctor or nurse. "At the beginning of labor the patient should have a hip-bath, the hair should be cut away from the genitals, the vagina and vulva should be washed with soap and disinfected with carbolic acid. During labor every examination should be preceded by a vaginal injection of a three per cent. carbolic solution, to prevent the examining finger carrying germs lodged at the vulva or in the vagina up to the uterus (which is about to be more or less lacerated). After delivery, the uterus and vagina should be considered as a deep and important wound, which may heal by first intention, or in which the secretions may stagnate, become putrid, and be absorbed."

As I had never before heard of Dr. Elliott, I went on in my usual way, taking no razor to shave the parts, no syringe, no carbolic acid, but let nature go on with her work, pleased to see how steadily and perfectly she accomplished it. Dr. Corson asks, Is labor a natural process? Are antiseptic solutions when thrown into the uterus and vagina safe? and answers these questions from the standpoint of his own experience, and by quotations from Albert H. Smith's lecture "On the Relation of Cleanliness to the Prevention of Puerperal Septicæmia;" Dr. W. O. Stillman's account of the precautions taken by Carl Braun, of Vienna, to prevent infection to the lying-in woman; Dr. T. G. Thomas, of New York, a paper read before the New York Academy; Dr. George J. Harrison, in reply to Dr. Thomas; and to papers by Fritsch and Kustner, and gives his own experience in his first labor case in 1827.

Dr. Corson next considers the forced delivery of the placenta, and claims the originality of the Credé method in its principal details for Professors James and Dewees, the latter saying that it had been long since recommended by Monsieur Darsé, of Paris. He criticises the unnecessary severity of the latter part of the Credé method, and much prefers the directions given by Prof. Penrose, and then details his own method, which leaves more to natural powers, giving morphia if rigid contractions of the os occur before the placenta comes away.

He recommends venesection to the extent of ten or twenty ounces, to relax a rigidly contracted os in the first stage of labor. If this is not immediately successful, he gives morphia internally. He uses ether to relax when pains are too severe.

Dr. Corson next considers the question of tying the cord. Should it be tied at all? How soon after birth should it be divided? What is gained by waiting until pulsation ceases in the cord? These are questions to which careful consideration has been given, and which are fully answered. Dr. Corson does not use a binder; has not done so for twenty (20) years. He does not think that it prevents relaxation of the uterus, but that it favors prolapse of that organ. He gives his own experience, and fortifies it by that of several other physicians. He thinks the hasty extraction of the placenta, the compression of the uterus by the hand, and the application of the binder with the avowed intention of preventing hemorrhage, have a bad mental effect on the patient, and predispose to the very trouble we are seeking to avoid. He gives several instances of mental influences in stopping hemorrhage. He has never used hot water, vinegar, lemon, or ice into the uterus for flooding, but has applied ice externally.

Puerperal convulsions, ten cases, all recovered. His treatment consists largely in free venesection, cold water poured over the head, and morphia internally. He recommends the hand-book of Dr. Ezra Michener for the successful treatment of this malady. He would also avert convulsions by bleeding before labor to relieve headaches, if accompanied by congestion of the face. Of puerperal or septicæmic fever he knows nothing, having never seen it.

W. H. H. GITHENS, *Secretary*.

THE CLINICAL SOCIETY OF MARYLAND.

Stated meeting held April 16, 1886.

The President, Dr. L. McLane Tiffany in the chair.

Dr. Joseph Bloom read a paper on

Periodic Rhinitis (see page 68),

giving his personal experience as a sufferer from the disease.

Treatment of Carbuncle.

Dr. Wm. H. Norris wished to call attention to very satisfactory results he had recently obtained in the treatment of two large carbuncles by the carbolic acid method.

They were very large, one being 4 by 6 inches, the other somewhat smaller. The acid in solution was injected into and around the carbuncle, and in two days they were converted into healthy open granulating ulcers, that rapidly healed.

Dr. Pole has had good results from the use of caustic potash in these troubles.

Dr. G. H. Rohé considers cutting, with the internal administration of quinine and iron the proper treatment for carbuncle. He protests against the use of caustic potash because of its being an unsurgical procedure, whose action cannot be controlled after it is once applied.

Dr. John Chambers questions the accuracy of the diagnosis in many of the cases of carbuncle reported as cured by the carbolic acid method.

He don't think it quite so common an affection.

Dr. Randolph Winslow sees good in both lines of treatment; but in many of those affected with carbuncle, we have patients who could hardly bear the loss of blood sometimes consequent upon the cutting treatment. He considers the carbolic acid method ordinarily a good line of treatment.

Dr. L. McLane Tiffany don't think any recent observer justified in claiming originality for the use of carbolic acid in carbuncle. He recalls a case treated after that method by him in 1867, and it was not then original with him.

It was introduced for its germicide effects,

upon the ground that carbuncle was the result of the presence of a coccus in the tissue. The plan is to inject with a hypodermic syringe a 10 per cent. solution of the acid into and around the diseased area. It causes sloughing and usually converts it into a healthy granulating ulcer. It is less painful than the knife, and as good in its results.

Dr. Strauss called attention to the failure of emetics in a case of strychnia poisoning recently seen by him. The patient was supposed to have swallowed about 45 grains of strychnia. Two minutes afterwards he had opisthotonos. Apomorphia was given hypodermically without effect. A effort to pump out the stomach was made, but the spasm of the œsophageal muscles was so great that the tube was compressed, and no great fluid could be brought away. The patient died of asphyxia in half hour.

Dr. Wm. Massey reported a case of

Hysterical Aphonia,

in which the treatment recommended by Dr. Flint in his practice of medicine accomplished a cure.

The treatment referred to is, when all others fail, then resort to alcohol to intoxication. The doctor acted upon this suggestion, and on the following morning the woman was in her natural voice.

Under the head of miscellaneous business, Dr. F. A. Morawetz was appointed a delegate to the Medical and Chirurgical Faculty of Maryland.

EDITORIAL DEPARTMENT.

PERISCOPE.

Mollities Ossium in the Male, with Spontaneous Fractures.

Dr. James A. Rigby thus writes in the *Brit. Med. Jour.*, July 3:

The extreme rarity of mollities ossium, in the male, induces me to bring under notice the following case. Concerning the rarity of this disease, Bristowe (*Theory and Practice of Medicine*, 1876, page 901) says: "It has been recognized only in women; and, for the most part, in women who are bearing children." Niemeyer (*Text-book of Practical Medicine*, vol. ii., page 565) says: "This is a rare disease; up to the present time, it has been observed almost exclusively in women." Trousseau (*Clinical Medicine*, vol. v.), who names the disease adult rickets, does not

specifically assert that it is never met with in men, yet, all the cases he mentions occurred in women; and he seems to assume that the disease is exclusively confined to women, particularly to women just after repeated pregnancies. Sir William MacCormac (*Quain's Dictionary of Medicine*, page 997) states that mollities ossium "affects the female sex almost exclusively; only occurs in adults, and during the period of child-bearing." He also says it "very rarely is observed in the male sex."

William G., aged 43, married, a school-master, with no family history of any softening of the bones, about eight years ago began to suffer from severe pains in his knees, attributed to rheumatism. Then pains came in his feet and shoulders. He was also dyspeptic, and always of a costive nature. Four years ago he began to be much troubled with

pains in his hips, and difficult locomotion. These increased steadily till he was unable to walk erect; then he gave way on the right side so much, that he thought his right hip was either wholly or partially dislocated.

Coincidentally with these alterations in the hips, the hands began to undergo changes, which have ultimately resulted in the present state of things. There is a more or less complete absorption of the muscular tissue of the hands; the ungual phalanges are all shortened in a marked degree; the articular extremities of the other phalanges are enlarged at the base. This is most distinctly perceptible in the thumb, of which the base of the first phalanx is so much enlarged, that it causes the extensor tendon to run in a curved direction, something like the course of the string passing over the bridge of a violin; the obvious effect of this is to cause insufficiency of length of tendon, and so dislocation backwards of the ungual phalanx of the thumb; the pad of the thumb is thus placed transversely on the end of the thumb, and looks upwards, instead of forwards, towards the palmar aspect.

The chest has altered much in shape. It is now more or less rounded in every diameter, compressed laterally, and bulging forwards, more particularly at the lower part. There are well marked swellings at the junction of the ribs with the costal cartilages. The sternum is sickle-shaped, the handle being sickle upwards, and the convex surface of the sickle looking forwards.

Two years ago, the patient sustained a fracture of the right humerus, through simply trying to prevent a man from jostling him in the street.

On December 29th last, the patient first came under my care. He was then quite unable to walk without a crutch and stick. He had been bending down to tie his boot-lace, when the right femur broke through the middle of its shaft. The fracture united distinctly in six weeks. Meantime, the patient suffered from considerable pain in the left thigh, the muscles of which wasted. While he was still in bed, the left femur bowed outwards, and seemed to rotate on its axis, so that the front aspect of the knee turned outwards. Soon after its reunion, the fractured right femur became subject to very similar alteration in shape, though a little more marked.

The bones of the head remained unaltered. The organs are quite healthy. The mental faculties are perfect. He has no cough, diarrhoea, or perspirations; no pyrexia or hectic.

Remarks.—The above is a typical case of mollities ossium. Numerous views have been advanced as to the nature of this disease. Trousseau (*Clinical Medicine*, vol. v., page 81,) says: "Ought we to consider that there is a similarity between osteo-malacia and rickets? I say we ought. In my opinion, and in that of many other physicians, they are one and the same." This opinion he supports by statements, for which I must refer readers to the article itself; but which, in my experience, are quite contrary to fact. For instance, in the case above described, there is an entire absence of the constitutional symptoms which are characteristic of rickets; pyrexia, profuse sweats, soreness of the bones, derangements of the alimentary tract, and inflammatory affections of the respiratory organs. Again, in alluding to the occurrence of fractures in rickets, he says (*Ibid.* page 81), there is a "greater rarity of fractures in the rickets of adults than in the rickets of children." This is quite contrary to my experience; for, unfortunately, in Preston, rickets is most prevalent, yet I never have seen a case of spontaneous fracture in any out of a very large number of cases I have attended. Moreover, rickets is generally traceable to some definite cause, chiefly dietetic; but, in the case described, there is a total inability to discover any predisposing cause.

Niemeyer, in discussing the etiology of osteo-malacia, says (*Op. cit.*, page 565), that, in this disease, "bones which have been hard become soft from re-absorption of the salts of lime. This explanation of the disease at once shows its difference from rachitis, where the lime-salts do not disappear from the bones, but have never been deposited there." I think it is open to some doubt, and contrary to clinical experience, to say that, in rickets, the lime-salts do not disappear from the bones. In rickets, a bone that has hitherto been rigid and unbendable, becomes soft and yielding; and, I think, it requires something more than a mere *ipse dixit* to say that, in such a case, there has been no re-absorption of calcareous matter already deposited. Niemeyer further says: "The exciting causes are unknown; we only know that the first signs of it, in most cases, appeared some time after confinement, so that pregnancy, parturition, or the puerperal state, undoubtedly have much to do with the etiology." The effect of this statement is, undoubtedly, very much weakened by the fact that, in the case described above, the patient is a male; which clearly proves one thing, at any rate, that osteo-malacia may

occur totally independent of pregnancy; so that, as fixed factors in the causation of this disease, pregnancy, parturition, and the puerperal state is non-existent.

The Treatment of Acute Sporadic Dysenteries.

Dr. Q. C. Smith thus writes in the *South-ern Practitioner*, for July:

The remedies we have found most useful in the treatment of acute dysenteries, are as follows: Belladonna, ipecac, capsicum, gelsemium, aconite, iodine, nux vomica, spirits turpentine, cinchona, baptisia, aromatic spirits ammonia, salicin, lupulin, logwood, subnitrate of bismuth, and vegetable charcoal. However, no one case is likely to require the use of so many remedies as all those just enumerated; but 'tis rare that other remedies than those just mentioned are required to successfully treat even severe cases of acute dysentery. Sporadic acute dysentery is generally preceded by a diarrhoeal condition of one or two or more days, and when first called to a severe case of acute dysentery, we usually find the patient in great pain, of a more or less paroxysmal character, which is greatly aggravated at each frequent alvine effort, small bloody mucus discharges, lower abdomen tender on pressure, renal secretion greatly diminished or suppressed, soft pulse, more or less fever, thirst, irritable stomach, foul tongue, and loss of appetite. Such cases are often aggravated and seriously complicated by the administration of opium previous to the physician being called, who may be so unwise as to continue the administration of this delusive, but most pernicious drug—in the treatment of dysenteries. To quickly relieve such a case as we have just briefly outlined, we would begin by immediately giving a hypodermic of $\frac{1}{16}$ to $\frac{1}{8}$ grain sulph. atropia, cover the abdomen with dry, thick, hot cloths, applying soothing liniment to the abdomen if there be great pain, frequent small drinks of cool, acidulated drinks, or plain water. Soon the patient will be greatly relieved of pain, and the stomach in retainable condition. Then, say an hour after the hypodermic, begin the administration of something like the following:

℞. Fl. ex. belladonna,	3j.
Green tr. gelsemium,	3ij.
Tr. aconite rad. (Fleming's)	gtt. iv.
Arom. spirits ammonia,	3ss.
Elix. lactopeptine, q. s. ft.,	3ij.
M. Ft. sol.	

S.—Teaspoonful every one to three hours, as may be required to control pain in the bowels.

Also:

℞. Ex. cinchona,	gtt. xii.
Ex. lupulin, aa	gtt. ij.
Ex. capsicum,	
Ex. ipecac,	gtt. iv.

M. Ft. 12 pills and silver coat.

S.—One pill three times a day—preferably just after meals.

Should the renal secretion be suppressed, or notably diminished, spirits turpentine, prepared as follows, would be in order:

℞. Spirits turpentine,	
Sugar milk,	
Pure sugar, aa	3j.
Oil sassafras,	gtt. iv.
Chloroform water,	3ss.

Mix well.

Add:

℞. Fl. ex. ipecac,	gtt. ij.
Cinnamon water, q. s. ad	f. 3ij.

M. Ft. emulsion.

S.—Teaspoonful every two to four hours until renal secretion is restored.

Spirits turpentine is also a valuable remedy in the more advanced stages of many cases of dysentery. But should the case have gone on for several days, from bad to worse, then other remedies, in addition to those just formulated, are often beneficial.

If the alvine discharges are very fetid, vegetable charcoal, spirits turpentine, and baptisia are in order. If there be a tendency to diarrhoea, then salicin, subnitrate of bismuth, and logwood would be appropriate. In malarial dysentery—in addition to the remedies formulated—cinchona, iodine, ipecac, and arsenic, would be specially indicated.

In all forms, and in all stages, special attention should be given toward aiding digestion, for the diet of dysenteric patients is a matter of the first importance in all cases. For with the horizontal rest, proper alimentation, and care, many cases will speedily recover without the use of drugs. But only one or two kinds of food should be given at any one meal, and food should not be taken oftener than three times a day.

The prepared infant foods, and pepsin, serve a valuable purpose in many cases. Well-cooked and seasoned green salads with vinegar, good ripe fruits, cooked or raw, such as peaches, apples, grapes, oranges, lemons, dates, and figs, farinaceous foods, soups, well broiled and seasoned fat mutton chops, and beefsteaks, good fresh sweet milk, and butter milk, with fresh butter on toasted light bread. Such are the articles of food we usually prescribe for dysenteric patients, with satisfaction to ourselves and benefit to the patient.

Opium, mercury, and starvation are respon-

sible for thousands of preventable deaths from dysentery.

Quinine in the Treatment of Whooping-Cough.

Dr. W. Thornton Parker thus writes in the *Med. Times*, June 26:

A communication which I lately read in one of our journals concerning the treatment of whooping-cough with quinine in large doses has suggested to me that my own experience with this treatment for the past six years may be worth recording. I am the more inclined to do this since noticing that in the *Brit. Med. Jour.*, of February 6, the question has been again raised as to what is the best treatment for cases of whooping-cough.

During the past six years I have treated upwards of one hundred cases of this disease, and the principal remedy has been sulphate of quinine in solution. With very few exceptions, this treatment has proved perfectly satisfactory. Only in cases where the hygienic surroundings have not been good, or where the remedy was not faithfully or regularly employed, or where unusually obstinate symptoms prevailed, has this excellent remedy failed to relieve, if not actually to cure. The paroxysms diminish in frequency, and the little patient shows unmistakable signs of improvement as early as the second day. With regard to Dr. Sauerhering's treatment with powders of sulphate of quinine, I have found that method less desirable, and have used it only a few times, trusting entirely to solution of sulphate of quinine varying in strength according to the age of the patient and the severity of the disease.

The employment of the solution affects at once the coughing, and the vomiting is not severe enough to occasion any considerable alarm. A certain amount of nausea, sufficient to disengage the mucous secretions, is of course desirable. Even if this treatment should be found disappointing as a *specific*, it is certainly useful in that it places the patient at once under the most favorable circumstances for a recovery, removing or relieving many of the painful and prominent sources of the disease.

Under this method of treatment complications are guarded against, and the patient's general condition is vastly superior to that of children treated with such remedies as belladonna, for instance, or other well-known depressants, and cough-syrups. The treatment with sulphate of quinine is a rational treatment. The treatment with cough-mix-

tures is often only a miserable attempt at palliation.

The favorable statistics of Dr. Sauerhering will be found greatly increased by Dr. Dawson's method, and a perusal of the latter's little pamphlet* on the subject will explain the *modus operandi*, so that any one can employ the treatment with a reasonable hope of success.

Dr. Dawson introduced this treatment from Germany, and first used it in the wards of the Hospital for Children in New York City, then under his care. He met with great success. In 1880, I employed this treatment in many cases in private practice. I was so much pleased with its workings, and the almost immediate relief afforded, that I have used it and recommended it ever since. The treatment which I follow is to expose the patient as much as possible to the open air, and, if practicable, at our mountain or ocean resorts, paying particular attention to food and clothing and general hygienic conditions. Every two hours I give a teaspoonful of a solution of sulphate of quinine four, six, eight, or even ten grains to the ounce. This remedy does not disappoint in many cases in controlling the disease, and, if properly used, and with perseverance, in actually curing it, or at least shortening its course very decidedly. It seems to act as a sedative on the inflamed mucous membrane, and has also the valuable properties of a tonic. Unlike many of the other remedies which are so unsuccessfully exhibited in this disease, it has absolutely no injurious effects. The little patients begin to improve very shortly after the first two or three doses. I am fully convinced that a trial should always be made of the solution of sulphate of quinine in the strength and in the doses indicated, according to the age of the patient and the severity of the case; and after a few faithful experiments in this direction, I believe that no one will be able to say with truth that "the course of the disease could not be controlled by treatment."

Prurigo.

Dr. James A. Myrtle thus writes to the *Brit. Med. Jour.*, June 26:

A very typical case of this rare disease came under my care in June, 1884. The patient was a woman, aged 54, a cook, who had always perfect health up to the preceding January, when the arms and inner surfaces of the thighs commenced itching, and she

*Treatment of Whooping-Cough by Small and Repeated Doses of Sulphate of Quinine.

felt hard little lumps in the skin. She became rapidly worse, and after trying many remedies, was sent to Harrowgate. She could get no sleep, even with powerful hypnotics, and her nervous system was completely broken down. The prurigo was situated on the upper arms to four inches above the elbow-joints; it was worse on the flexor surfaces; from the elbow-joints to the wrists, it was worst nearest the wrists. The legs were not so bad as the arms, but still were very typically affected from the knees to the upper third of the thighs. The skin was darker than natural, and thickened so much that it could not be picked up between the finger and thumb; its lines and furrows were deepened and widened, particularly so on the extensor surfaces of the wrists. The disease was much less abundant above than below the elbow-joints, which were not affected. The legs were not so severely affected as the arms, where I found the sign which Hebra gives as a certain diagnostic. On passing the hand over the skin, it produced a sound like a short-haired brush or packing paper, caused a prickling sensation in the fingers, and felt like a nutmeg-grater. The function of the sweat-glands was in abeyance. The patient's family history was good; she was a well preserved woman, with all her organs and functions normal. I ordered the sulphur water, before breakfast, in purgative doses, and the magnesia water at noon, as a diuretic, with a strong sulphur bath every second day. I also ordered the magnesia water to be used as a lotion as often as the patient wished. The progress of the cure was steady and satisfactory, and on July 16, the arms were well; the wrists almost so; the thighs also were very much better, but not so much so as the arms. There was no irritation even in the night. The patient returned to her work. The result of this case was very satisfactory. It proves the great value of sulphur water, and the powerful absorbent and softening influence it has over the very worst forms of chronic indurated skin disease. The relief of the itching I must attribute to the great soothing action the water has upon the nerve terminations. My patient walked into my study a year ago. She was perfectly well, with a healthy, though, in some places, a thickened skin.

Fifty Cases of Lacerated Cervix Treated by Silk-worm Gut Suture and Iodoform.

Dr. R. Stansbury Sutton thus writes in the *Med. News*, July 3:

Two weeks ago I completed a line of fifty

lacerated cervix operations. These cases were all done in about twenty-four months. Each patient was prepared as usual, or as Emmet teaches. The instruments, sponges, and ligatures were scalded and used directly from the bath when sufficiently cool. The lips were well denuded, sound tissue being sought for always. They were carefully approximated, and united with silk-worm gut sutures, the ends left long. The cervix was then covered with a small teaspoonful of iodoform. The patient was put to bed; the catheter was not to be used unless the patient failed at the end of eight hours to pass water, and not again if it could be avoided. No douches were permitted until the sixth or more generally the seventh day, when a douche was given to clean the vagina preparatory to removing the sutures.

In forty-nine of the cases the temperature never exceeded 100° F., and in many of them 99° F. In one some sepsis occurred, and the temperature exceeded 100° F. All recovered; in one there remained for a short time a fistulous opening at the site of the upper stitch. In one the lower stitch cut out. Both were unilateral cases.

Silver wire and douches and catheter can give no better results, and this method of treatment is infinitely less annoying to the patients.

The large amount of iodoform has not given any trouble. Those who will follow me in this method will, I believe, find it an advantage over the method of silver sutures and frequent douches. They will get lower temperature, and these cases will require no skilled nurse.

Any ordinary attendant who will do only what she is told to do will answer as well as the best.

I will do fifty cases with silk and chemically pure powdered boracic acid. But better results than I have obtained in the fifty cases reported above can scarcely be expected.

Syrup Trifolium Comp. in Syphilis.

Dr. J. J. Garver thus writes in the *Med. Age*, June 25:

Case 1. W. D., æt. 27, laborer. Came to the dispensary May 1. Gave history of syphilis contracted six months previous. Copper-colored eruption on legs; throat and fauces one mass of mucous patches. Made one application of carbolic acid, and prescribed syrup trifolium comp., in tablespoonful doses, after each meal, with water. In a week he returned, much improved. Some

rheumatic pains yet remained. Patient improved remarkably, and in two weeks was like a new man. I am happily surprised at the good results of syrup trifolium comp.

Case 2. A. F., white, railroad worker, came to the dispensary May 18. Chancroid on foreskin, enlarged lymphatics in both groins and inside of left thigh. The latter suppurated and discharged copiously. Pains in bones, especially at night, quite severe. Ordered:

R. Syr. trifolium comp., 3iv.
Potassii iodidi, 3v.

M. S.—Teaspoonful after each meal, with water.

Saw no more of the case for three weeks, when he came back to the dispensary, saying he never felt so well in all his life.

Case 3. E. T., female, æt. 20, sent for me, and on reaching the residence I found her in bed, suffering intense pain in both tibiae. Both limbs showed copper-colored spots and nodes. Ordered hot applications locally, and syrup trifolium comp. with potassii iodidi, and in one week the nocturnal pains in the tibiae had disappeared.

Have had splendid success in several other cases with syrup trifolium comp. alone. It is an excellent vegetable alterative, and in combination with iodide of potassium it acts marvelously in specific disease.

Radical Operation for Hernia.

An improved operation for the radical cure of hernia has for some time past been practiced by Drs. Svensson and Erdmann, surgeons to the Sabbatsberg Hospital at Stockholm. A ligature is applied to the neck of the hernia, and the sac is cut off below the ligature, the contents being previously examined by means of an incision into the sac and returned; or, if only omental, excised together with the sac. In congenital hernias the upper part of the sac only is removed, and where the large bowel is included in the hernia and adherent to the sac wall, this, after being separated from the surrounding tissue, is returned, together with the large intestine, and the rents of Poupart's ligament united by sutures. The dressing employed is iodoform and boracic acid, the wounds being washed with sublimate solution. Since this has been substituted for carbolic gauze, abscesses which used to occur frequently, have become rare. Of the forty-eight cases thus operated on, none of which were selected, thirty-eight were permanently cured—at least no return of the hernia occurred within six months;

and in the cases where a return did take place, which amounted to twenty per cent., the condition was very much less painful and distressing than it had been previous to the operation. The Sabbatsberg Hospital has now been opened six years and a half, and during that time 300 cases of hernia have been admitted, about 200 of these being operated on with the knife; a milder procedure, consisting of alcoholic injections, being employed in most of the earlier cases. Not a single case proved fatal, though some of the hernias were very large, some reaching within three or four inches of the knee.

Radical Cure of Varicocele by Excision.

Il Bullettino of the Royal Academy of Medicine of Genoa (No. 1., 1886), reports a case in which Professor Ceci successfully treated a large left varicocele by excising the dilated spermatic venous plexus. The patient, aged twenty-two, suffered great inconvenience in consequence of the enlargement. Under chloroform, an incision two and a half inches long was made on the left outer side of the scrotum down to the vein, the distention of which was maintained by an assistant exercising pressure at the external abdominal ring. With a director, the vas deferens and the spermatic artery were carefully isolated from the vein, which was secured with two catgut ligatures at the abdominal ring and near the testicle. The varicose venous plexus was then excised. The skin wound was closed with a catgut suture, a drainage-tube having been placed in the lower angle. On the eighth day, when the dressing was changed, there was some œdema of the scrotum; this part as well as the inner surface of the thigh, was the seat of carbolic eczema, and carbolic necrosis had attacked the edges and the bottom of the wound. These symptoms disappeared under borax and iodoform, and the patient made a perfect recovery. Professor Ceci considers that the technical progress in operations for varicocele due to the influence of aseptic and antiseptic precautions, justifies preference for excision of the vein over difficult and complicated methods.

Intestinal Antisepsis.

Dr. D. N. Kinsman thus concludes a paper in the *Jour. Am. Med. Ass.*, July 3: I think we have arrived at bed-rock, and are now ready to formulate why mercury has been used and is likely to be used in all time, and also why it has done good and will

continue to do good. I think that I may draw the following conclusions:

1. Digestion is due to unorganized and organized ferments, *i. e.*, bacteria.

2. Dyspeptic phenomena are probably due to bacterial action, *i. e.*, fermentations.

3. In these fermentations, ptomaines, indol, skatol, phenol, etc., are formed as in putrefactions.

4. The presence of indol, skatol, and phenol is evidence of bacterial action, *a*, because in the meconium there are none of these products; *b*, they are absent in the stools of nursing children; *c*, in the urine of the newborn and nursing child there is no indican; *d*, when these children begin mixed feeding, bacilli appear, and with them indol in the stools and indican in the urine.

5. These bacilli, while causing putrefactions, produce poisons, which are normally destroyed in the liver, or stored therein, or excreted by the kidneys and bowels.

6. When the function of the liver is disturbed from any cause, so that the antiseptic action of bile is no longer exerted, the putrefaction and its products increase.

7. Mercurials, by arresting fermentations when in excess in the intestines, prevent the formation of ptomaines and auto-intoxication and supplement the action of the liver.

8. The beneficial action of mercury is due to its antiseptic properties.

9. Antiseptic medication is indicated in all cases when the indican is in excess in the urine.

A Case of Naso-pharyngeal Growth.

Before the American Laryngological Association, Dr. Samuel Johnston, of Baltimore, reported this case:

A child was brought to him on account of difficulty in breathing through one nostril. Examination showed that there was a tumor filling up the posterior part of the right nostril. After a short preliminary treatment, an attempt was made to remove the growth with the *écraseur*. A spray of a four per cent. solution of cocaine was employed. A cord was first passed through the nostril and brought out of the mouth, so that, if necessary, the nostril could be plugged without delay. The wire of the *écraseur* was applied without difficulty. When the growth had been cut through about two-thirds, the shaft of the instrument broke, leaving the wire and about three-fourths of an inch of the instrument attached to the growth. An attempt was made to apply a second *écraseur*, but this failed. After trying to re-

move the portion of instrument broken off, it was decided to wait a short time and allow the growth to slough. Four days later, the attempt to apply an *écraseur* was again made, and succeeded without difficulty. The tumor measured one and one-half inches in diameter, and was fibroid in character.

Ioditism.

After reporting several cases in the *Med. Herald*, for June, Dr. E. J. Kempf thus concludes:

The lessons to be deduced from these cases are:

1. Large draughts of water taken immediately after the drug prevents the more severe effects of iodism by diluting the salt and causing its rapid elimination. And that if starch-water is not immediately at hand, pure water should be largely given to one poisoned with iodine.

2. That the tolerance of iodine varies greatly in different subjects. A dram of tincture of iodine caused one individual no inconvenience, and five drops of the same tincture caused active symptoms of iodism in another.

3. That this variation makes iodine an unreliable remedy, and it should induce us to commence with the smallest dose allowable in any case—if the patient bears it well we can increase the dose; and besides, it is a well-known fact that the individual will become habituated to the drug, and the danger of inducing iodism will be reduced to a minimum.

4. That the tincture of iodine is the preparation of the drug most likely to cause iodine poisoning by mistake, as only one drop more than is prescribed may be sufficient to cause iodism. That the tincture ought never to be used internally, as there are other and more reliable preparations of iodine that may be used when the remedy is indicated.

5. That the children especially should be watched when taking any iodine preparation, though, as a rule, they bear the drug in proper doses as well as adults.

An Artificial Heel by Grafting.

At a recent meeting of the Académie de Médecine, M. Berger presented a patient in whom he was able to make an artificial heel by means of a large lump taken from the opposite leg. The graft succeeded completely, and the heel is now perfectly restored, but sensation has not yet appeared.

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CAREFUL INVESTIGATIONS.

A Dr. Kempner recently published in Germany a rather extensive pamphlet by which he endeavored to make arguments in favor of cremation. One of his main reasons, which he adduces as proof, why cremation should be generally adopted instead of burying the dead, consists in the fact that the possibility of burial of persons only apparently dead would be effectually prevented. There is no doubt that any individual whether really or only apparently dead, if exposed to the process of cremation, as carried out in modern times, will surely not be buried alive; on the contrary, any chance of revival is gone the moment the intense heat of the retort touches the body.

While we are decidedly in favor of cremation, we do not admit that the fear of being buried alive should be a reason to cause us to reject burial and to adopt cremation. There are two simple tests by which we can always convince ourselves whether a person is really dead or not. One test is the same that has been crowned with a prize by the French Government, which had for years offered a large reward for the discovery of any method, always applicable, always reliable, and one that may be practiced by the most ignorant. The method of determining actual death, which was considered by the French Government worthy of the reward, is the following:

When the fingers of a person supposed to be dead are fully extended, but kept near together, and if then placed in front of a candle-light in a dark room, a peculiar bright red color, due to the capillary circulation, will be visible where the fingers touch each other, if there is any life left. This test has thus far proved the most reliable.

The other is based upon the well known fact, that the muscles of a human being will never respond for a longer time to the strongest electrical current than for one hour and a half after death, while as long as life lasts, may its evidences be ever so little, the contractility of the muscles, if not affected by some forms of paralysis—and in cases thus affected, when death seems to occur, it always is real—remains.

We can, therefore, to-day easily convince ourselves whether death has really occurred or not, and though cremation is the preferable way of disposing of our dead, it is not necessary to prevent the burial of persons only apparently dead. But this Dr. Kempner, in his pamphlet, tells a number of horrible stories, altogether over twenty, of individuals who in various parts of Germany,

during the last forty years, were buried alive in some instances, and in others nearly buried. In some cases the grave-digger, while preparing a new grave, heard hammering and commotion in a coffin which had been placed in the ground but the day before; in others, everything was ready for the funeral, when the presumed dead body showed signs of life; in again others the individuals awoke in the vault and discovered to their terror the place they were in; in some the persons heard everything said about them, saw all that was done with them, and had to pass KNOWINGLY through all the horrible ordeal of being buried alive, without, however, their being able to utter one word, or to show by any sign that they were still living. These cases were not only mentioned in a general way; everybody's name was given, the village or city mentioned where the occurrence took place, and the page and number of the official register even was published.

Naturally under these conditions the pamphlet produced a great sensation amongst the people in general, and many became converts of cremation. But one physician, Dr. Max Breitung, of Berlin, could not believe that in this enlightened age, and in a state so far advanced in general education and science as Prussia—for nearly all the cases were said by K. to have occurred there—so many such horrible cases should have happened in comparatively so short a period and only so recently, without his ever having heard anything of them, and without the government having taken some steps to prevent the recurrence of such terrible accidents.

Patiently and thoroughly he went to work, and during nearly a whole year he corresponded with the police authorities, physicians, ministers, undertakers and others, residing in the places where the cases had been said to occur. He employed every possible means to get at the truth, and finally published the result of his investigations (*Deutsch. Med. Zeit.*, June 17, 1886).

And what had he discovered? That not in a single case could the truth of the story be verified. In some cases persons who had been living at the time of the said occurrence, and undertakers, who had done all the burial during that time, did not know a single word about it, had never heard of it; and the official register of deaths did not contain the name of the person buried alive. In other cases, all the evidence obtained in favor of the story was, that a relative of the party said to be buried alive had once heard that the person had nearly died from some dis-

ease, but had recovered. In another case the story referred to a person who had apparently been drowned, but had been brought back to life by the efforts of physicians.

We mention the whole only as a contribution to what rumor finally makes of a story. Dr. K. had obtained his information from newspapers and such sources, and without first convincing himself of the truth of the tales, had made use of them in a scientific argument. It is said that the youth of Berlin has ceased to use the name of Munchausen, when desiring to put a story down as manufactured whole, and that instead the name of Kempner is now used for the same purpose. Nobody will probably envy him for the notoriety he has thus obtained. Then we also learn another lesson, viz., not to publish facts without knowing them to be facts, for somebody in this enlightened age will discover the truth and announce it.

AN ATTEMPT AT POISONING BY NITRIC ACID.

An engraver, æt. 36, who for some time had shown symptoms of aberration of mind, for the purpose of committing suicide swallowed about five fluidrachms of fuming nitric acid of commerce. The most intense pains at once set in, and a physician prescribed 1½ ounces of Glauber salt, which caused a considerable amount of emesis. Twelve hours later he was brought to the hospital, where he came in charge of Dr. Richardière, who reports the case in the *Annales d' Hygiène Publique de Méd. Légale*, 1886, p. 88.

At the hospital the patient was made to swallow a large quantity of magnesia and milk. The following day he greatly complained of pain along the œsophagus, especially at every attempt at swallowing. Lateral pressure on the larynx caused no pain, but such backward did. There was no fever, but the local temperature in the epigastrium was 4° higher. No more vomiting. The lips were intact, the tongue was painfully swollen, velum and uvula were the same. The urine was brick red; on addition of sulphuric acid and green vitrol, it assumed a pink tint (due to the nitric acid), but this reaction remained only the first day. While the next day the local lesion evinced no change, the general condition of the patient and his state of mind were all that could be desired; he regretted the deed which he had committed, as he said, to escape from imaginary enemies—while the wound in the mouth slowly cicatrized, and the urine, always free from albumen, gradually returned to its normal condition, only swallowing re-

mained difficult and painful. As catheterismus of the œsophagus could not be practiced on account of the great soreness of the latter, the development of a cicatricial stenosis of the œsophagus may perhaps be predicted. The twelfth day the patient left the hospital.

Considering the mildness of the symptoms, the doctor is of the opinion that notwithstanding the saying of the patient to the contrary, the nitric acid was greatly diluted with water.

DELIVERY DURING HYPNOSIS.

A pregnant woman, aged 26, was admitted into the obstetrical clinic of C. Braun, in Vienna. Dr. Pritzl, who reports the case in the *Wiener Med. Wochschr.*, 1886, No. 21, says that it was accidentally discovered that she could easily be brought into a hypnotic state. The hypnotic sleep in her case set in rapidly and had no bad consequences of any kind. When, therefore, during the delivery the labor pains became very severe, he concluded to put her into the hypnotic state. He easily succeeded in doing so. The labor remained vigorous, the pauses became longer, and abdominal pressure continued to act; at the same time the os of the uterus dilated well and the delivery was happily concluded. The placenta was then delivered into the vagina and removed by the hand. On awakening, the patient felt very strong and did not remember any pain.

A remarkable fact was that abdominal pressure was brought about by reflex, for the patient being totally unconscious, no action of hers could have excited the pressure. Very little blood was lost during the delivery.

NOTES AND COMMENTS.

Deviation of the Nasal Septum.

Although the introduction of the laryngoscope nearly thirty years ago rapidly developed a new era in the diagnosis and treatment of diseases of the larynx, it is a much shorter time since greater attention has been paid by specialists to affections of the nose and its adjacent parts. In the July number of *The American Journal of the Medical Sciences*, Dr. J. W. Gleitsmann, of New York, in an instructive paper on deviation of the nasal septum, points out the different important functions performed by the nose in the human economy, and the results of interference with these functions. The upper part of the nasal cavity, the olfactory region,

presides over the sense of smell, whilst the lower one, the respiratory region, is the normal way for the air during the act of respiration. Interference with this natural channel leads to mouth-breathing, with its manifold subsequent evils. When the air passes through the nose, it is not only cleansed and moistened, but it also reaches the lungs much warmer than when breathing is going on by the mouth. Nasal respiration with closed lips further exerts a negative pressure of two to four milligrammes mercury in the oral cavity, by which the tongue is drawn to the hard palate, and the muscular action, maintaining the position of the lower maxilla, greatly assisted. The nose also acts the part of a resonant chamber for the human voice, and nasal obstruction imparts to it the so-called dead character, described in Meyer's paper on adenoid vegetations. Finally, it is due to the anatomical relations of the nose to the eye and ear that cases of catarrhal conjunctivitis, and lachrymal fistula, frequently only heal when co-existing nasal affections are relieved, and that the latter are, in an overwhelming number of instances, productive of aural disease often of the severest kind. Aside from the symptoms of nasal stenosis in a greater or less degree, deviations of the septum, Dr. Gleitsmann points out, are apt to cause disfigurement of the face, and also have some relation to the bony structures of the head, which he fully explains. The pathology, etiology, symptomatology, and treatment of these deviations is fully discussed.

Acute Carbolismus—Accident or Suicide?

Dr. E. Zurcher was called one morning to a porter, æt. 47, who was well known as a quiet and respectable man, and whom he had met only the evening before in perfect health. We found him lying on the floor, unconscious, breathing heavily, and cyanotic. The pulse was thread-like, the dilated pupils reacted but sluggishly, the teeth could scarcely be forced apart, and on the lower lip blood trickled down from a small wound caused by a bite; death occurred within a few minutes. Shortly before, a neighbor had seen him occupied with his usual labor.

Post-mortem.—Dura partly grown together with the bone, and pia with the cerebrum; between dura and pia a small amount of cedematous fluid, the same in the lateral ventricles, and in the left corpus striatum an interstitial cicatrix. Tongue pale, not between the teeth, free from erosions; buccal m. m. and lips same. The œsophagus, in its

lower portion, light-brown red; in its upper, rose-red. The stomach contained nearly five ounces of an opaque, thick, chocolate-colored fluid, with an intense odor of carbolic acid. The m. m. of the stomach over its whole extent strongly hyperæmic, uniformly of a dirty red-brown hue, though still darker in the fundus. Ridges greatly swollen, partly eroded, and showing grayish-white "burned" places; stomach greatly contracted. The duodenum evinced the same discoloration and ulceration, but lessening in intensity the further down; kidneys strongly hyperæmic, and with a very intense odor of carbolic acid. Bladder contains a little yellowish-brown concentrated urine. Blood black. Cause of death undoubtedly, therefore, acute poisoning by carbolic acid.

Later, a bottle, yet half filled with carbolic acid, was found in a closet in the room. In favor of suicide were the following points: The large quantity of the poison, its strong odor and easily-recognizable taste; the fact that lips and tongue were intact, showing that the fluid must have been thrown back into the pharynx under some sudden impulse; the bottle had the correct red-colored label, and the deceased never was a drinker. The abnormal conditions of the brain also prove the probable existence of a melancholic depression at the time of the deed.

Fatal Hemorrhage from Injury of the External Female Sexual Organs.

A tripara, æt. 30, about two and a half weeks before her expected delivery, while fastening a curtain to the window, fell from a chair. Severe hemorrhage, violent labor pains, and pains in the abdominal regions, at once set in. Ere medical aid arrived, about half an hour after the accident, death occurred. An operation to save the fœtus could not be performed for reasons not stated.

The autopsy revealed twins in the nowhere injured uterus; the placenta was all over attached to the uterine wall in a normal manner; in the uterus were found about 25 ounces of fluid. The cause of the hemorrhage was a tear in the vulva 3 ctm. long and $\frac{1}{2}$ ctm. deep, beginning at the clitoris, dividing its right half, and running parallel with the right descending ramus of the pubic bone, ending in the labium minus. The wound showed no larger vessels, but the open spaces of the torn cavernous tissue. The tear was probably produced by the external genitals striking against the edge of the window-sill, the soft parts being pressed vio-

lently against the bony pelvis. The case finds its complete analogy in four others reported by Kaltenbach, Leopold, and Braun. In each of these, by striking on a hard, unyielding substance, a tear resulted, passing through the clitoris and labium minus, and parallel the pubic bone. In all the great hemorrhage stood in no relation to the size of the wound, and was of a parenchymatous nature.

Passage of Pathogenic Microbes from the Mother to the Fœtus.

Kaubassoff has made a series of investigations to determine the cause of the hereditary nature of certain infectious diseases, and he obtained the following results:

1. The bacilli of anthrax always pass from the mother to the fœtus.
2. The longer the period intervening between inoculation of the mother and her death, the more bacilli will be found in the fœtus.
3. More bacilli pass over of the virulent than of the milder forms of anthrax.
4. Morbid conditions of the membranes, of the placenta, and of the fœtus (its death), prevent the passage of the bacilli from the mother to the fœtus.
5. Inoculation of the mother with too strong anthrax vaccine almost invariably causes the death of the fœtus.
6. Renewed inoculation with virulent lymph of the pregnant animal, which had previously been inoculated with a weakened virus, also almost always produces the death of the fœtus; those surviving one inoculation die from virulent lymph, or in other words, the fœtus has not been sufficiently vaccinated by the parent to insure its impunity from the disease, a result which might have been foretold after experiments had proved that bacilli of weakened virus pass far less into the fœtus than those of the virulent kind.

Cirrhosis of the Liver in a Boy.

That a cirrhotic liver may arise from other causes besides the immoderate use of strong alcoholic drinks, is daily proved more.

In the *Revue Mens. des Malad. de l'Enfance*, 1886, p. 166, Dr. M. Lavallée reports the following case: A boy, æt. 5½, who had been ailing more or less since the eighteenth month of his life, was brought to the Children's Hospital suffering from ascites in a high degree. While the group of symptoms as a whole greatly resembled that of tubercular peritonitis, the great dilatation of the abdominal veins, and the positively negative

result of physical exploration of the lungs, caused the suspicion of the presence of another still graver malady. A positive diagnosis, however, *intra vitam*, could not be made.

The child died, and the autopsy revealed an atrophic, granular liver; the microscopical examination showed the acini compressed by a great mass of cicatricial interstitial tissue, and diminished by partial destruction of the liver cells. The spleen was enlarged and very hard. The kidneys, though microscopically having the appearance of normal organs, revealed in many slices the microscopical picture of interstitial nephritis, while others seemed healthy. The etiology remains obscure, as the author could not discover any pathogenic element.

Communication between the Stomach and Transverse Colon.

Mr. Jeffreys showed this specimen to the Sheffield Medico-Chirurgical Society, from a man aged fifty-four, a retired publican. Pain over and enlargement of the liver were first noticed in May, 1884. Later there had been several attacks of profuse offensive expectoration, and they lasted a considerable period. Emaciation steadily increased. On February 16 last he had a severe syncopal attack, and shortly after stercoraceous vomiting set in; this was preceded by severe diffused abdominal pain. He suffered a great deal from constipation, and enemata were used. On February 27 he passed a large piece of necrosed tissue, accompanied by hemorrhage. He died on March 2, from exhaustion. At the post-mortem a large cavity containing pus, and extending from the lower part of the transverse colon to the under side of the diaphragm was found; the spleen formed the outer, and the posterior wall of the stomach, the inner, boundary. The stomach, through an opening in its posterior wall, communicated with this cavity, as did also the posterior part of the transverse colon; there was also an opening (from the abscess cavity) through the diaphragm, and at this point the left lung was adherent.

Tests for Albumen in Urine.

The "Albumen Test Committee" of the Clinical Society of London, presented recently (*Brit. Med. Jour.*, June 5,) a report of the work accomplished by them, which, according to custom, was received without discussion. In it, the committee briefly reviewed the various modes of testing for urinary albumen, etc., in common use, and

compared in turn Dr. Oliver's test-papers, Dr. Johnson's picric acid method, the potassium-mercuric iodide and acid, Dr. Pavy's pellets, the acid brine method, picric acid and brine, the acetic acid, and the nitric acid methods. After careful consideration and experiment, the committee arrived at the conclusion that the papers of Dr. Oliver possessed advantages in the way of portability and delicacy of reaction over the other similar preparations; but, apart from the question of easy carriage and compactness, they described nitric acid as being most reliable and delicate. All the methods, however, were said to be respectively useful for the determination of different proteids in the urine.

The Treatment of Diphtheria by Bromine and Iodine.

Dr. Kramer, of Amsterdam, has found a new remedy for diphtheria in the form of a mixture of bromine and iodine, with which he has made some remarkable cures (*Centralbl. für Klin. Med.* for December, 1885). He uses the remedy also as a prophylactic, brushing the throat night and morning during an epidemic, first with one and then with the other of the following solutions:

1. Bromide of iodine, bromide of potassium, of each 1 part; distilled water, 200 parts.
2. Carbolic acid, 1 part; rectified spirit and glycerine, each 25 parts.

The same solutions are used for the disease itself, but the first may be increased to double the strength, and is applied every hour, the second being used three times a day. The treatment is concluded by blowing benzoate of sodium into the throat three times a day, administering the same drug in doses of two to four drachms, according to the age of the patient, and keeping the bowels open.

Interesting Case of Twins: Version.

On May 10, Dr. A. Crosbee Dixey (*Brit. Med. Jour.*) was called to attend Mrs. R., multipara, aged 36, in labor. On examination he found a head presenting, the child (male) after a time being delivered in the normal way. The pains now entirely ceased; but the uterus, from abdominal examination, was still found to be enlarged; and, on vaginal examination, another head was felt presenting anteriorly, and a foot posteriorly.

Two hours having intervened from the birth of the first child, and no pains having come on, although ergot was freely used, as the patient was becoming exhausted, he rup-

tured the membranes, and performed podic version, delivering her of a second living child, also male. The uterus being compressed, the two placenta were expelled together, no hemorrhage following, notwithstanding the large bleeding surface exposed by the separation of the two placenta and the previous inertia of the uterus.

It is interesting to note the family history. Her husband's mother had twins, his sister had twins, and her own mother had twins, and she herself had twins at her two previous labors.

The points to be noticed in this case are:

1. The family history pointing to the fact of twin births being hereditary.

2. The value of compressing the uterus externally where post-partum hemorrhage may reasonably be expected.

3. The abnormal presentation of the second child.

The mother and children both did remarkably well, her temperature never being above normal.

Constipation.

There is always something to be learnt about this exceedingly common and annoying complaint. Dr. Arthur V. Meigs recently related the histories of seven interesting cases before the College of Physicians which teach several valuable lessons. They warn us never to diagnose an abdominal tumor until we have purged the patient. They teach us that constipation can cause a fever which the best of us may be misled into considering as typhoid. Again, as Dr. Da Costa said, constipation may cause a relapse in convalescence from low fevers, and he even says that in some of these cases there may be well-developed typhoid fever symptoms with rash, due to constipation, which will disappear when the bowels are moved. So that, on the whole, it would seem to be very important to look carefully after our patients' bowels in all cases.

A Case of Syphilis Cut Short by Sulphur-Baths and Mercurial Inunctions.

Dr. P. J. Kalashnikoff, of Piatigorsk records (*Proceedings of the Piatigorsk (Russia) Balneological Society*, March 4, 1886, p. 8,) the case of a soldier who was admitted with a characteristic induration on the penis at the side of a recently healed primary ulcer, and with a marked universal adenitis. After ten sulphur-baths the sclerosis became exulcerated. The ulcer did not yield to local medication. Under the influence of the inunc-

tion of grey mercurial ointment (ten fractions of one scruple each and ten of half a drachm), and sulphur-baths (fifty-one), the ulcer rapidly healed, and sclerosis and adenitis disappeared. His skin and mucous membranes remained healthy. Not a single syphilitic symptom made its appearance subsequently (more than six months passed from his cure up to the date).

Iodoform and Nitrate of Silver in Indolent Ulcers.

Dr. Maethe, writing in the *Norwegian Medical Archives*, recommends a combined application of iodoform and nitrate of silver to indolent ulcers, fistulae, and all badly healing granulating surfaces. He first applies a thin coating of powdered iodoform, and then cauterizes with nitrate of silver, after which more iodoform is applied. There are formed in this way nitric acid, iodoform, and iodide of silver, and their nascent condition effects a great change in the conditions of tissue life. The advantages of this method of treating ulcers are that the action is purely local, and that the cicatrization of the surface is effected under an antiseptic covering.

Osmate of Potassium.

Merck, of Darmstadt, has prepared the osmate of potassium to obviate the use of osmic acid, which is so irritating to the respiratory organs, and so hygroscopic. The *British and Colonial Druggist* is informed that an English firm has also manufactured the sodium and lithium salts. The potassium compound is said by Wildermuth to have proved beneficial in some cases of epilepsy, the daily dose being one dozen pills, each containing $\frac{1}{16}$ th of a grain in combination or alternation with bromide of potassium. A 1 per cent. solution of the potassic osmate has also been recommended in the treatment of goitre, neuralgia, tumors, and other diseases.

Oxide of Zinc Ointment for Gonorrhœa.

In the *Albany Med. Annals*, for June, Dr. O. D. Ball claims excellent results from this treatment. Of fifteen cases the average time of treatment was a little over four weeks; the longest any one case was under treatment was eight weeks, the shortest ten days.

The ointment is placed around the constricted portion of a bougie, which is passed down to the prostatic portion of the urethra, rotated, and slowly withdrawn. The appli-

cations are made twice daily. The ointment is thus prepared:

R. Zinc oxidi,	3iij.
Adipis,	3ij.
Cerati simp.,	3ü.

Diseases of the Period of Dentition.

How very commonly do we hear the remark that this and that disorder of early childhood is "due to teething," when, judging that it will right itself, no heed is paid to it. It is well that Dr. W. C. Barrett has called attention to this fatal negligence in the *Med. Press of Western New York*, where he strongly gives us the good advice that even though many of these disorders may be due to dental irritation, yet we should relieve them before it is too late, and before our criminal negligence is responsible for the life of some poor little innocent.

Chinese Remedy for Hydrophobia.

In the report of the Presbyterian Mission Hospital at Ung-Kang Phu, it is stated that the Chinese have the firmest reliance on a native remedy for preventing the development of hydrophobia in a person bitten by a rabid dog. The patient takes a pill consisting of nux vomica and pounded beetles; the beetle has much the same properties as Spanish fly, and the dose is repeated until the urine becomes bloody. All danger is then considered to have passed. It is hardly necessary to add that no statistics are forthcoming as to the success of the treatment.

A Singular Coincidence in the History of Cancer.

Before the Baltimore Academy of Medicine (May 18), Dr. J. J. Chisolm related a singular coincidence that recently came under his observation. It was a case in which he was called upon to amputate a cancerous external ear from an old man *æt.* 80. The coincidence rests in the fact that this man had had two wives, both of whom had had cancer, and both of whom had died as the result of the operation. Dr. Chisolm's patient, however, is still living.

CORRESPONDENCE.

Cocaine as a Remedy for "Rose Cold."

EDS. MED. AND SURG. REPORTER:

For the last seven or eight years I have suffered some personal experience with the form of hay fever commonly denominated

"rose cold." It appears about the 20th or 25th of May, and continues for four weeks or thereabouts. Heretofore I have found no relief from any of the numerous remedies in vogue, the symptoms occasioning great and often well-nigh intolerable distress during the period of their continuance. This season I had resort to cocaine with entire satisfaction; the strength of the solution employed being a four per cent. A solution of this strength I found to be as effective and as lasting as a six or greater. A two per cent. proved unsatisfactory. The best mode of application I found to be by simple instillation into each nostril of six or eight drops by means of an ordinary medicine dropper. Oily solutions were found to be ineffective. The effect was felt within five minutes, and lasted on an average two hours. I have no doubt whatever of having experienced decided constitutional effects from absorption of the remedy into the system, and this suggests the danger from its long-continued use in the more protracted form of hay fever. A person using cocaine several times daily for a period of a couple of months or more will run some risk of acquiring an irresistible liking for its effects, and may experience some difficulty in breaking off. In my own case it caused the oft-mentioned feeling of well-being, decided diminution of the sense of fatigue on exertion, as well as increased wakefulness. I should caution hay-fever patients against keeping up the continued influence of the drug, but should insist upon its being reserved for the more aggravated paroxysms. In the case, for instance, of a public speaker, it is very convenient as well as comforting to have at hand an agent which will promptly and surely enable him to appear at his best for a given time, though he be given up to lachrymæ and sternutation at others.

It is probable that with regard to cocaine, as well as many other drugs, there will be found to exist great variation in individual susceptibility to its effects. The subjects of certain forms of nasal catarrh, especially of the hypertrophic forms, will quickly experience constitutional effects from absorption of the drug, and these should be cautioned against yielding to the temptation to its too frequent use. Cases are already reported of addiction to the cocaine habit; but whether it shall be found to be one very difficult of abandonment, remains to be demonstrated by further experience. In the meantime it is the part of wisdom to prescribe cocaine as we would morphine, always exercising caution and enjoining upon the patient the duty

of self-control, in order that there be little risk of a great blessing being made a curse.

JOHN J. THOMAS, M. D.

Youngstown, Ohio.

NEWS AND MISCELLANY.

Ovariectomy in Russia.

Dr. Matveeff has published a large amount of information on the subject of ovariectomy in Russia. The first operation in the country was performed by Vantsetti in Kharkoff, in 1848, but was attended with a fatal result, Professor Krassovich being the first to perform a successful case in 1862. Altogether the author has collected accounts of the work of ninety-six Russian surgeons. The total number of operations was 696, of which 213 ended fatally; this includes 98 double cases with 32 deaths, 16 pregnant cases with 2 deaths, 50 dermoid cyst cases, only one of which was unsuccessful, and 42 cases of malignant tumor of the ovary, of which 26 were fatal. The ages of the patients varied from fourteen to sixty-eight. Of the pregnant cases, one was as early as the second month and one as late as the ninth; of the 16, 6 miscarried, and 2, as stated above, died. Secondary ovariectomy was performed six times, only one of these cases being unsuccessful. Most of the fatal cases were due to peritonitis; of the total number of deaths (213), this accounted for 133, collapse for 14, exhaustion for 12, and internal hemorrhage for 10. The general percentage of deaths was about 30. That of different operators who had a record of 25 or more cases varied from 42.9 to 8.8 (Slavianski) and 7.7 (Rein). According to a letter by Prof. A. Y. Krassovski, which is published in Sir Spencer Wells's work on Ovarian and Uterine Tumors, it is stated that up to 1882, 302 cases had been performed by Russian surgeons, with a mortality of 44 per cent. Dr. Matveeff is to be congratulated on his later and more successful statistics, which show that Russian operators are becoming more and more successful in their ovariectomy results. As to the places in which the operations were performed, nearly all were done in university towns: thus, St. Petersburg claims 294, Moscow 110, Kieff 59, Warsaw 52, Kharkoff 40, Kazan 28, Dorpat 25, and Helsingfors 4. Of the remaining 84, 46 were performed by Dr. Kuznetski in Nijni-Tagilski in the province of Perm, and 18 by Dr. Ikavitz in Tambova.

Bismarck and His Doctor.

The *London World* says Prince Bismarck is again indisposed, it is said, and that means work for Professor Schwenninger, the Prince's doctor. Schwenninger is the Roose of Berlin. Munich was to him what Brighton was to our English rising medico, and Bismarck's eldest son was his discoverer. This gentleman having had some sixty or seventy pounds' weight taken off him, and having been brought out of the very back teeth of death by following Dr. Schwenninger's advice, suggested that his father should also become a patient. The Chancellor was willing, but he could not go to Munich, and the doctor could not leave his practice there without a *quid pro quo*. The quid—several hundred quid—was found by his appointment to a Professorship in Berlin, which he now holds, in addition to an enormous private practice. He sees Bismarck daily, has brought him into perfect health, and has so tamed the tiger that the former periodical explosions in the Reichstag have entirely ceased, and there has been no change in the government since Schwenninger has had charge of the Chancellor's digestion. Diet, not medicine, is what Professor Schwenninger swears by. No drugs, no mineral waters, no "kur" of any kind. Eat of only one dish, no matter what that may be. Oysters, lobsters, beef, mutton—eat your moderate fill of that, but touch nothing else at a meal; no vegetables, save perhaps a little salad, no sweets, no savories, and do not touch one drop of liquid until half an hour, in some cases an hour, after your meal is ended. There is the *crux* for those who like Chablis with their oysters, Madeira with their turtle, Marcobrunner with their fish, and D. and G.'s Gold-Lack with their first entrée. One dish only, and no drink until long after the meal is over. What does Lucullus—what does Sir Henry Edwards, of the statute—think of that?

Buried in Chains.

The *Brit. Med. Jour.* says that some particulars of the mode in which the lunatics among the Boers of South Africa were treated in the early part of this century have been brought to light in a curious manner, and are reported in *The Colonies and India*. A new Dutch Reformed church is being built in Graaf-Reinet; and, while excavating the foundations of the west transept, the workmen came upon several old graves. As it had been resolved to place all the human bones found in a coffin, the workmen were

taking them up for that purpose, when, to their surprise, they found the leg-bones of one skeleton inside two very heavy iron rings, connected by a bar about twelve inches in length, the whole weighing thirteen pounds and a half. At the other end of the grave was a heavy iron ring, or collar, and close to it an iron bar about eighteen inches in length, with a small ring at each end, which had evidently been used instead of our modern handcuffs. How such rings had been fixed to the ankles of the unfortunate wearer, is a question which might puzzle some of our blacksmiths. On the question, "Who was the possessor of the interesting manacles?" speculation was rife, when the following solution of the difficulty was given by an old lady resident of Graaf-Reinet, now bordering upon ninety, who states that she distinctly remembers, when about thirteen, coming into town from the Sneeuwberg, and seeing a maniac, named Koekemoer, heavily manacled, allowed to go about the streets; a perfect terror to little girls, who would hardly venture outside the door for fear of meeting him. Sometimes he was knee-haltered by a chain fixed to an iron collar about the neck, to prevent his getting into mischief. At other times, he might go erect, having only chains on hands and feet. If the question should be raised as to the improbability of burying such an object of pity with chains and all, it might be answered that a government or a public that could thus treat him during life would find little scruple in saving themselves the trouble of removing, after death, such heavy iron rings as have been dug out of the old graves.

Young Doctors Must Wait.

A. G. Haygood thus addressed the last graduating class of the Atlanta Medical College (*Atlanta M. and S. Jour.*):

Young doctors, there is no help for it; you must practice on us of the laity before you can become really practical physicians. We will protect ourselves as long as we can. While the "old doctor" lives and is available we will, if we get sick, send for him. When we can do no better, we will send for you. Don't worry at this; it must be so; it is our only defense; you will have your revenge soon enough. The old doctor will die some day, or he will be too busy to come; something will befall us; the attack will be as sudden as severe; we must have your help or none. We may have laughed at you, and in our folly may have vowed that we would not send for you to treat a sick dog; but for

all these follies of ours we will with desperate resolution send for you, trusting to a merciful Providence to help us through. (And we will trust Providence the more readily when we see even the young doctor, as badly scared as his patient, at the bedside). If we die you can explain it; if we get well we will sound your praises, even if we are slow in paying your fee.

If you kill a good many of us while really learning the practical part of your business, don't take it too much to heart, or throw your sign in the well, as Dr. Sims did after killing two or three patients.

Put it in the Cupboard.

"Reminiscences of the Court and Times of King Ernest of Hanover" have just been published, and are very interesting reading. They contain many surprising and characteristic stories of the crafty old king when he lived in England. When the physic arrived that the doctors had prescribed for him, he invariably said, "Put it in the cupboard," "Put it in the cupboard;" and again and again it was, "Put it in the cupboard." Not one drop was touched. Starving and patience were the only remedies resorted to. At last his majesty got his good turn, and began to feel that he could eat again with a relish; and by degrees nature flung off the disorder, whatever it was, which had run its course. His majesty was up and dressed early and at business. "Get all those bottles, powders, and pill-boxes out of the cupboard," he said, "and range them in a row round the room." It was a very small room, and they almost made a circle round the walls. The doctors came in smirking and smiling, and congratulated the king upon being up again and looking so well. "Yes, doctors," said his majesty, "thank God it is so. But look there—count it up; don't you think if I had taken all that d—d stuff I should have been dead long ago?"

Verruga; A Peruvian Fever.

The Lima Academy of Medicine has determined to make as many inquiries and observations as possible, in order to elucidate the natural history of a terrible Peruvian disease, known as verruga, which is thought to be identical with the fatal "Oroya fever," which many years ago carried off many of the work people employed on the railway across the Andes. Quite recently, a medical student, named Daniel A. Carrion, with ill-advised zeal for the advancement of science, inoculated himself with verruga, in the Dos

de Mayo Hospital, hoping to be able to gather some new facts about the disease, for the special purpose of enriching a dissertation he was writing on it for his approaching graduation. Some facts were certainly obtained; but, sad to say, at the cost of the life of the zealous experimentalist, who died thirty-eight days after inoculation, his symptoms being adynamic pyrexia, general dermatitis, and a morbid change in the blood, resembling leucocythemia. The period of inculcation was twenty-three days. His self-inoculation was quite unauthorized by his teachers, who naturally deeply deplore so sad a termination to the career of a most promising student.

The First Bacteriologist.

From the *Med. Record* we learn that in the year 1726 a quack, Boile by name, made his appearance in Paris, and promulgated a new theory of disease. All maladies, he said, were due to the presence of animalcules in the tissues; and all that was necessary to effect a cure was to introduce other and stronger animalcules, which would destroy the disease-producers. He had, he claimed, a large supply of the superior and curative animalcules, and would dispose of a sufficient number of them to any one who stood in need of their services and would pay for them. Of course he found plenty of customers, and soon drove a thriving business. But he came to grief. He used to demonstrate under a magnifying-glass the action of his remedies. He would take a little blood from the patient, and putting it under the microscope, would exhibit to his awestruck visitors a number of hideous forms which were the cause of the malady. Then he added a drop of his special culture, and away would go the wicked animalcules, leaving the field clear. Some incredulous fellow, however, examined into the matter a little too minutely, and discovered that the microscope had a false bottom, and the battle of the animalcules was nothing but a painted show. This discovery had the same effect upon M. Boile that his remedy had upon the germs—he disappeared with amazing celerity.

Tossed by a Spanish Bull.

A recent number of *El Genio Médico* contains an article by Dr. Rodolfo Mauricio, of Pinoso, complaining of the dangerous habit of allowing bulls to go about the streets with merely a rope round their necks, and giving an account of a serious accident

which occurred opposite his own house. A fête was going on, and a bull with a rope round it was coming along the street, when a young man who was a farm laborer and accustomed to cattle, thinking doubtless that it was only an ox he had to deal with, endeavored to turn it back by standing in front of it. The animal ran at him and tossed him about a yard high. The man on falling was deadly pale, but managed to raise himself and walk into the priest's house, where he was found by Dr. Mauricio a moment afterwards, lying on his back, a small stream of blood trickling from his left side. Death occurred in a very few minutes. At the post-mortem examination it was found that the horn had entered below Poupart's ligament on the left side, traversing the left iliac fossa, and had penetrated the bifurcation of the inferior vena cava. An immense quantity of blood was found in the abdominal cavity, the obliquity of the wound preventing much from flowing out.

The Social Evil in Liverpool.

Two tables in the head constable's annual report are devoted to statistics of the social evil in this city. Captain Bower remarks that as the law confers no power on the police to visit houses of ill-fame, the returns must in a great measure be conjectured. The number of houses suspected to be brothels is 440, and of women supposed to be prostitutes 1165, exclusive of those known to be in gaol. Under the vagrant act there have been 2890 cases against prostitutes. The number of women supposed to be prostitutes and taken into custody for disorderly conduct in the streets was for the year 2275 persons, 5279 arrests; 1992 persons convicted, 4372 convictions. These numbers will not appear excessive in so large a city as this; but they suffice to show that the present laws have little effect upon either brothels or prostitutes, though possibly some reduction may be effected by the criminal law amendment act.

A Teetotaller's Fatal Mistake.

An inquest was recently held in London on the body of John William Harris, aged sixty-three, a cab proprietor. The widow of the deceased stated that he had been a teetotaller for a number of years. Some months ago he attended a temperance lecture, and it was there stated that ammonia was the best substitute for alcohol. As he had a severe pain in the chest he thought he would take some. There was no trouble in getting it, as

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they always bought a quantity from an oil shop to make up for oils for the horses. He took a tablespoonful, which took his breath away, and she then fetched a doctor. Dr. Norman Kerr stated that he was called in to see the deceased on April 5, and found him in great agony, the mucous membrane being quite destroyed, and on Sunday night he succumbed to the effects of the poison. The widow said her husband did not think it was poison, as one of their horses took some by mistake about two years ago, and was alive now. The jury returned a verdict of accidental death.

Dio Lewis.

The *Medical Age* says:

Dr. Dio Lewis is dead. His life was chiefly devoted to the dissemination of a knowledge of personal hygiene among the masses, and, doubtless, it was not altogether spent in vain. He was a cremationist, and gave the following directions in regard to the disposition of his body: "Although I am averse to the somewhat unpleasant notoriety which, as yet, cremation involves, my very strong conviction is that it is the right disposition of the dead. I leave directions that my body shall be cremated, and that the ashes shall not be put into an urn, but into the earth, over which my wife may lovingly plant forget-me-nots. I direct, also, with my dear wife's assent, that all funeral parade and expense shall be avoided, and that my remains be placed in a pine casket for removal to the crematory. I desire, also, that no flowers may be sent by my friends."

A Chloral Hydrate Band.

On February 8, at the St. Petersburg District Criminal Court, a sensational process of a band of robbers was concluded. The band included three peasants and a *feldsher* (medical assistant) named Lantchinsky. Their operations consisted in drugging a hackney-coachman (*izvoshchiks*) with chloral hydrate dissolved in *vodka* or in beer, or sometimes with tincture of opium; and in subsequently appropriating the horses, carriages, purses, etc., of their victims. Five separate crimes of the kind had been traced out, two of the victims having died from an overdose of chloral. Lantchinsky and another chief accomplice, named Kutiloff, were sentenced to twelve years of penal servitude each; a third member to eight years; and a fourth, to deportation to Eastern Siberia.

The Lyons Girl Silk Workers.

In an article of No. 41 of the *Lyon Médical*, Dr. Augagneur draws attention to the deplorable condition of the girl apprentices, who, drawn chiefly from the healthy regions of the Alps and Savoy, are subjected to a life of hard labor under the most unsanitary conditions. Overcrowded into small abodes under the *patrones* to whom they have been consigned, they live and sleep in unventilated rooms, passing long hours of labor, even extended sometimes on Sundays, and fed upon a most insufficient diet. The consequence is that the hospital of the Croix Rousse exhibits a greater mortality from phthisis than any other hospital in Europe, a third of its mortality being due to this cause. Against this state of things no legal remedy exists, the laws which supply inspection and control only having power in the large workshops, and not applying to the wretched abodes in which these girls work.

Food Analysis in France.

The Académie des Sciences has a laboratory in Paris for testing the quality of food and drink sold in that city. Specimens of wine, beer, cider, milk, chocolate, coffee, tea, etc., are examined, colors used on toys and in confectionery, pork suspected of being affected with trichinosis, etc. Analysis to determine whether the article presented is free from adulteration is made without charge; but a small fee is charged if it is required to determine the proportionate composition. There are twenty inspectors who visit taverns and groceries, provided with microscope and simple chemical tests, and examine many articles of merchandise on the spot, only taking to the laboratory such articles as afford some evidence of adulteration. Twenty-five chemists are connected with the laboratory, each one having his own department. About 25,000 samples are analyzed annually at an expense of about \$40,000.

Breathing Cold Air in a Warm Room.

An apparatus is advertised in Europe by which a person is enabled to breathe the air from without while sitting in-doors in a warm room. It consists of a simple tube, communicating through the window with the external air, to one end of which an attachment to fit over the mouth and nose is attached. The inventor claims that, as tubercle bacilli are destroyed by a low temperature, so pulmonary phthisis may be cured by breathing frosty air through this apparatus.

Personal Journalism.

Dr. Shradly, editor of the *Medical Record*, continues his personalities in the pages of that journal. Before he prostitutes its columns to such purposes, he had better look over his own record, and reflect by what discreditable means he forced himself into General Grant's case, the story of which we could tell if we felt like imitating his example.

Medical Common Sense.

Dr. C. A. Allen closed his paper before the New Hampshire Medical Society with the following words:

"The time is coming when there will be no sects among educated physicians. The present war between the friends and opponents of the National Code but points the way. It will not be this year, nor the next. It will be when the world has grown wiser and has learned to value at its true worth any creed that uses its name as an advertising medium only. It will be when elementary medicine is taught in our common schools; when common sense shall reign in the minds of the people and they have learned that *pathy* does not make the doctor. It will be when our lawyers, our ministers, and our teachers shall add a general knowledge of medicine to that of their calling. It will be when doctors depend upon their profession rather than to prop it up with statutory laws."

Salt in Nevada.

If the salt formations of Nevada were in railroad communication, there would be no market in this country for the foreign article. In Lincoln county, on the Rio Virgin, there is a deposit of pure rock salt, which is exposed for a length of two miles, a width of half a mile, and is of unknown depth. In places, cañons are cut through it to a depth of sixty feet. It is of ancient formation, being covered in some places by basaltic rock and volcanic tufa. The deposit has been traced on the surface for a distance of nine miles. It is so solid that it must be blasted like rock, and so pure and transparent that print can be read through blocks of it a foot thick.

Parisian Fish and Parisian Gutters.

The itinerant fishmongers of Paris, in order to supply their customers with well cleaned fish, wash quantities of soles, whit-

ings, plaice, etc., in the gutters, which are plentifully supplied with water. People who have the advantage of living in the vicinity of a good flowing gutter can frequently observe these sanitary precautions, and are thus forewarned and forearmed. Others, in this respect less fortunately placed, constantly purchase, in confiding innocence, fish cleaned in gutter water flowing through Paris streets, and devour the same, prepared with that skill for which the French cook is famed, a skill which may conceal bad flavors, but cannot protect the consumer against the evil results of devouring contaminated food.

Items.

—The American Rhinological Association will hold its fourth annual meeting at St. Louis, Mo., on the 6th of October next.

—Professor Virchow recently completed the thirtieth year of his occupancy of the chair of Pathological Anatomy at Berlin.

—Iodide of ethyl is recommended by Dr. Bartholow in the treatment of brain syphilis when a prompt action of the iodine is desired.

—Patient—Oh, doctor, can you tell me the character of this tumor on my lip, and remove it for me?

Laconic M. D.—Certainly, I—cancer.

—A Boston physician has recently become the possessor of an opera glass with a good deal of romance attached to it. It was given to the Princess Eugenie by Napoleon III. as a Christmas present. The glasses originally cost 26,000 francs.

—William B. Atkinson, A. M., M. D., the well known Secretary of the American Medical Association, has been elected Professor of Diseases of Children and Sanitary Science in the Faculty of the Medico-Chirurgical College of Philadelphia.

—Dr. Ogle, the Registrar of Statistics in England, has found that the mortality among English physicians for three years, from 1880 to 1882, was 25.53 per thousand, while that of barristers was 20.23, and clergyman 15.98 per thousand.

QUERIES AND REPLIES.

DRY SPONTANEOUS GANGRENE IN CHILD TWO YEARS OLD.
EDS. MED. AND SURG. REPORTER:

I have now in hand a case of dry senile (or so-called) spontaneous gangrene in a child not quite two years old, resulting probably from embolism. I can find no recorded case of such disease at that tender age; I have never seen, nor can I hear of anything of the kind. If any reader of the REPORTER knows of such a case, either personally or otherwise, will he please kindly inform

Cambridge, N. Y.

T. C. WALLACE, M. D.